ZAMBIA INTEGRATED SYSTEMS STRENGTHENING PROGRAM

ANNUAL REPORT

JANUARY- DECEMBER 2012

February 2013

This publication was produced for review by the United States Agency for International Development. It was prepared by the Zambia Integrated Systems Strengthening Program (ZISSP).

The Zambia Integrated Systems Strengthening Program is a technical assistance program to support the Government of Zambia. The Zambia Integrated Systems Strengthening Program is managed by Abt Associates Inc. in collaboration with Akros Research Inc., American College of Nurse-Midwives, Banyan Global, and John Hopkins Bloomberg School of Public Health-Center for Communication Programs, Liverpool School of Tropical Medicine, and Planned Parenthood Association of Zambia. The project is funded by the United States Agency for International Development (USAID), under contract GHH-I-00-07-00003 (Order No. GHS-I-11-07-00003-00)

Recommended Citation: Zambia Integrated Systems Strengthening Program: January – December 2012. Zambia Integrated Systems Strengthening Program Annual Report January – December 2012: Zambia Integrated Systems Strengthening Program, Abt Associates Inc.

Abt Associates Inc. | 4550 Montgomery Avenue | Suite 800 North
| Bethesda, Maryland 20814 | T. 301.347.5000 | F. 301.913.9061
| www.abtassociates.com

ANNUAL REPORT
JANUARY- DECEMBER 2012

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government

CONTENTS

ACRONYMS

AID	Active Infection Detection
AIDS	Acquired Immunodeficiency Syndrome
APS	Annual Program Statement
BCC	Behavioral Change Communication
CBGMP	Community Based Growth Monitoring and Promotion
CCS	Clinical Care Specialists
CCT	Clinical Care Team
CDC	Center for Diseases Control
CEDPA	Centre for Development and Population Activities
CHA	Community Health Assistant
CHC	Community Health Coordinator
CHW	Community Health Worker
CO	Contracting Officer
CP	Cooperating Partner
DEMS	Direct Entry Midwifery Schools
DHO	District Health Office
DHIO	District Health Information Officer
DMO	District Medical Officer
EGPAF	Elizabeth Glazer Pediatric AIDS Foundation
EHT	Environmental Health Technicians
EHO	Environmental Health Officers
EMMP	Environmental Mitigation and Monitoring Plan
EmONC	Emergency Obstetric and Newborn Care
FANC	Focused Antenatal Care
F&A	Finance and Administration
FP	Family Planning
GIS	Geographical Information System
GPS	Global Positioning System
GRZ	Government of Zambia
GST	Grant Support Team
HBLSS	Home-based Life Saving Skills
HCAC	Health Center Advisory Committee
HCM	Human Capital Management
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRH	Human Resources for Health

HRM	Human Resource Management
HSSP	Health Services and Systems Program
IMaD	Improving Malaria Diagnostics
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Preventive Therapy
IRMTWG	National Insecticide Resistance Management Technical Working Group
IRS	Indoor Residual Spraying
IVM	Integrated Vector Management
IYCF	Infant and Young Child Feeding
LLIN	Long Lasting Insecticidal Net
LTFP	Long Term Family Planning
MIS	Malaria Indicator Survey
MLA	Management and Leadership Academy
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOP	Malaria Operational Plan
MOU	Memorandum of Understanding
MNCH	Maternal Newborn and Child Health
MS	Management Specialist
MSL	Medical Stores Limited
MTC	Malaria Transmission Consortium
NHC	Neighborhood Health Committee
NHSP	National Health Strategic Plan
NIPA	National Institute for Public Administration
NMCC	National Malaria Control Centre
NFNC	National Food and Nutrition Commission
PA	Performance Assessment
PDA	Personal Digital Assistant
PHO	Provincial Health Office
PMEC	Payroll Management Establishment Control
PMEP	Performance Monitoring and Evaluation Plan
PMI	President's Malaria Initiative
PMP	Performance Management Package
PMTCT	Prevention-of-Mother-to-Child Transmission (of HIV)
PPAZ	Planned Parenthood Association of Zambia
PPP	Public Private Partnership
PSMD	Public Service Management Division
QI	Quality Improvement
RDL	Radio Distance Learning
RDT	Rapid Diagnostic Test
RED	Reach Every Child in Every District

RFA	Request for Applications
RH	Reproductive Health
SHARe	Support to the HIV/AIDS Response
SMAG	Safe Motherhood Action Group
TSS	Technical Support Supervision
UNZA	University of Zambia
USAID	United States Agency for International Development
WHO	World Health Organization
WISN	Workload Indicators for Staffing Needs
ZHWRS	Zambia Health Worker Retention Scheme
ZISSP	Zambia Integrated Systems Strengthening Program
ZPCT	Zambia Prevention Care and Treatment

EXECUTIVE SUMMARY

The summary includes a concise but complete description of the Zambia Integrated Systems Strengthening Program (ZISSP) activities during the year 2012 and its focus areas for the year 2013. ZISSP has, in the first two years of operation, established a strong relationship with the Ministry of Health (MOH), Ministry of Community Development Mother and Child Health (MCDMCH) and partners.

The strong relations allowed ZISSP to successfully launch the Zambia Management and leadership Academy (ZMLA), hold the Grants Award Ceremony and launch four health guidelines which include Mentorship, Quality Improvement, Misoprostol and the Adolescent Health Strategic Plan. The guidelines were developed at a time when both ministries were seeking strategies to enhance health worker performance in their quest to improve health service delivery.

The following are some of the key achievements during the year 2012:

Maternal, Neonatal and Child Health: ZISSP supported the re-orientation of central level staff on the Performance Management Package (PMP) and also funded a monitoring and evaluation exercise in six provinces (Northern, North-Western, Copperbelt, Southern, Eastern and Western) to validate the progress reports received from these provinces on the PMP roll out and to provide quality assurance on PMP implementation.

ZISSP supported the emergency obstetric and neonatal care (EmONC) training of 143 healthcare workers (63 males, 80 females) in eight districts and four general hospitals. To date 273 healthcare workers have been trained representing 85% of the life of project target, covering 31 districts.

Technical expertise and funding were provided to the MOH to train 104 (77 females, 27 males) health healthcare workers, nurse tutors and clinical instructors from seven districts of Eastern and North-Western provinces and eight nursing and midwifery training schools in long-acting family planning (LAFP) methods.

Clinical Care: A target of 2,400 mentoring sessions for health workers had been set from October 2011 to September 2012 and 2,995 mentoring sessions were successfully completed by 31st September 2012.

Management and Leadership: ZISSP provided logistical and technical support to the MOH and the Department of Economics at the University of Zambia to collect data in the study sites in all the provinces for the fifth round of the National Health Accounts (NHA) survey.

ZISSP also supported trainings in financial management for provincial, district and hospital level non-accountant managers to improve their knowledge and skills in government financial management procedures. These trainings were conducted in all 10 provinces capturing non-financial program managers and a few newly recruited district accountants. A total of 186 (150 males and 36 females) non-accountant managers and new accountants were trained in government approved financial management procedures.

Malaria: The Indoor Residual Spraying (IRS) Logistics Standard Operating Procedures (SOPs) were formulated with the purpose to standardize all the important procedures related to IRS logistics. This follows the President's Malaria Initiative (PMI) audit which recommended that standard procedures be formulated to track insecticides purchased from PMI funds.

ZISSP and the National Malaria Control Centre (NMCC) identified six sentinel sites (Kasama, Katete, Kasempa, Kaoma, Kitwe and Luangwa) that would be used to effectively monitor and manage insecticide resistance.

Community: ZISSP has so far assisted with the expansion and formation of Safe Motherhood Action Groups (SMAGs) in 10 of the 27 target districts with a cumulative total of 1,046 (595 and males 451 females) SMAG members trained from 53 of 135 target health facilities. ZISSP also procured materials to support the work of the SMAGs. Close to 850 SMAG members will benefit from this procurement. The procured items include: 850 T- shirts, bags, vests, umbrellas, gum boots, raincoats, hardcover books, 1,694 pencils and pens and 415 bicycles and megaphones.

ZISSP finalized the Behavior Change Communication (BCC) Framework to guide development, implementation and assessment of community BCC campaigns, materials and capacity building efforts of the MOH and other partners implementing BCC activities at the community level. The framework is intended to reinforce and coordinate efforts across and within national programs and to decentralize BCC planning to district and community levels.

Monitoring and Evaluation: ZISSP undertook two Data Quality Audits (DQAs). The exercises were conducted in conjunction with a team from USAID Zambia and the Pretoria Office. ZISSP successfully facilitated the acceptance and affiliation of the Community Health Assistant (CHA) School for examination and certificate underwriting by the University of Zambia School of Medicine. The students were examined by the University of Zambia during their final examination held in June 2012.

In 2013, ZISSP will intensify its support to the MOH and MCDMCH to strengthen the capacity of the two ministries to provide quality health services.

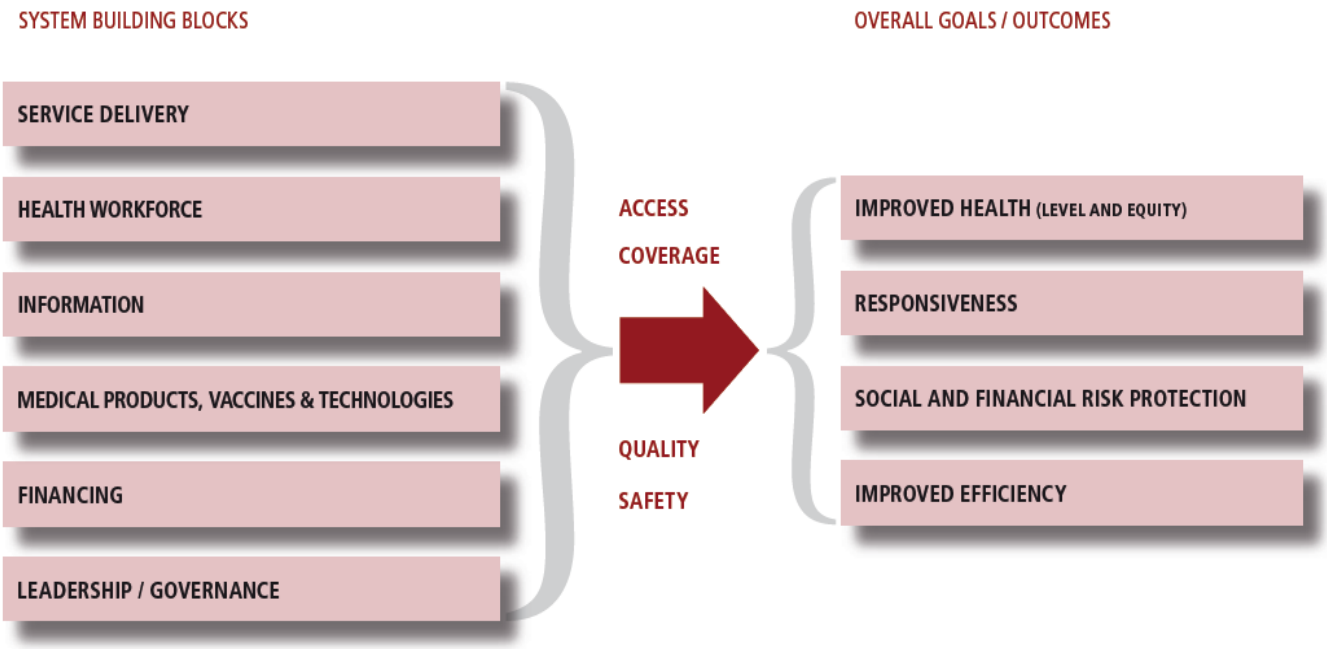
1. INTRODUCTION

This report presents ZISSP's performance progress during the period January 1st to December 31, 2012. The report outlines the key program achievements and the challenges experienced during implementation.

ZISSP seeks to increase the use of high-impact health services through a health systems strengthening approach. ZISSP views health systems strengthening from the perspective of the World Health Organization's (WHO) concept of six building blocks that comprise the system and works to strengthen the individual building blocks and the linkages between the blocks. The intent is to improve the six building blocks and manage their interactions in ways that achieve more equitable and sustained improvements across health services and health outcomes. The project seeks to address the drivers of health system performance: inputs, policies and regulations, organizational structure, and the behavior of health system actors.

Figure 1: WHO Health System Building Blocks

ZISSP works very closely with the MOH to support activities in the National Health Strategic Plan (NHSP) and annual action plan.



In addition, ZISSP works at all levels of the health system, i.e., national (MOH – Central Office), provincial, district and community, to build capacity to deliver high impact health services and improve the use of health services.

1.1 PROGRAM OBJECTIVES

ZISSP's overarching goal is to work with the MOH to nurture sustained improvements in management of the health system while also increasing the utilization of high-impact health services.

1.2 TECHNICAL AREAS

ZISSP focus areas include HIV/AIDS, malaria, family planning, maternal health, newborn and child health, and nutrition. The program strengthens policies, resource management, and service delivery systems across these interrelated public health programs. As a result of ZISSP interventions, more families and individuals in selected districts in Zambia are expected to utilize the services and receive the information required for them to attain and maintain good health.

1.3 ORGANIZATION OF ZISSP ACTIVITIES

ZISSP organizes its activities under the following four tasks:

Task 1: Strengthen the ability of the MOH at the national level to plan, manage, supervise and evaluate delivery of health services nationwide

Task 2: Improve management and technical skills of health providers and managers in provinces and districts to increase the quality and use of health services within target districts

Task 3: Improve community involvement in the provision and utilization of health services in targeted areas

Task 4: Ensure service delivery and other activities are effectively integrated at all appropriate levels in the health system through joint planning and in-kind activities with partners and through appropriate public private partnerships (PPP).

1.4 STRATEGIC APPROACH

ZISSP provides technical support and capacity building to the MOH to enable the achievement of its program results. To achieve results under each task, ZISSP has adopted the following five main strategies:

- Use a whole-system approach to remove obstacles and strengthen the delivery and utilization of essential services
- Build Zambian capacity as the foundation for sustainability
- Increase impact through partner engagement and integration
- Plan from the "bottom-up" in order to ensure relevance and participation

- Ensure gender integration.

1.5 THE ZISSP TEAM

ZISSP is led by Abt Associates Inc., which works in partnership with Akros Research, the American College of Nurse Midwives (ACNM), Banyan Global, BroadReach Institute for Training and Education (BRITE), the Johns Hopkins Bloomberg School of Public Health/Center for Communications Programs (CCP), Liverpool School of Tropical Medicine (LSTM), and the Planned Parenthood Association of Zambia (PPAZ).

2. TASK ONE: SUPPORT FOR THE CENTRAL MINISTRY

2.1. HUMAN RESOURCES FOR HEALTH

2.1.1. RETENTION OF ESSENTIAL HEALTH WORKERS

The Zambian Health Workers' Retention Scheme (ZHWRS) was launched in 2003 for medical doctors. In 2007 the scheme was scaled up to include other health cadres such as environmental health technologists, clinical officers, nurses and midwives. The scheme offers both monetary and non-monetary incentives for key medical personnel for a fixed contract period of three years.

In 2012, ZISSP provided technical support to the MOH for the administration of the retention scheme. The MOH began taking full administrative responsibility of managing the ZHWRS since ZISSP will no longer be supporting the position of the ZHWRS Administrator. The scheme has a total of 1,125 members of whom 119 are supported by ZISSP for the duration of their contracts.

ZISSP supported the MOH to undertake an audit of the retention scheme in all provinces. During the exercise, ZISSP distributed the ZHWRS guidelines and forms to the human resources officers. The audit revealed several challenges including the inconsistent payments of the scheme allowances with some of the staff being underpaid and others being overpaid.

ZISSP also worked with the MOH to engage a consultant who will evaluate the effect of the ZHWRS on selected health outcomes. The data collection tools were developed and data collection will occur in the first quarter of 2013.

2.1.2. HUMAN RESOURCES FOR HEALTH DEVELOPMENT

In 2012, ZISSP provided technical and financial support to the MOH's Directorate of Human Resources and Administration (DHRA) to hold three performance review meetings. The DHRA holds departmental quarterly performance review meetings as part of a process for systems strengthening and to assess and monitor its own annual performance against targets set out in the Human Resources Strategic Plan (2011 – 2015).

ZISSP also supported the Workload Indicator of Staffing Needs (WISN) technical committee meetings where stakeholders reviewed the challenges experienced during the pilot phase of the WISN implementation and deliberated on possible solutions. One such challenge identified is that the Health Management Information System (HMIS) data does not isolate workload

according to healthcare worker cadre, and this presents difficulties in extracting precise workload information.

ZISSP also provided funding and technical assistance to train 80 provincial staff (41 males and 39 females) and nine ZISSP management specialists as trainers for the WISN.

In 2012, the MOH continued to clean the data on the Payroll Management Establishment Control (PMEC) system to ensure that the system is able to generate accurate reports for management decisions. ZISSP provided technical and financial support for this exercise.

ZISSP has been providing support to the MOH to undertake a number of activities aimed at facilitating the continuation of the PMP roll-out. In 2012, ZISSP supported the re-orientation of central level staff on the PMP and also funded the MOH to conduct a monitoring and evaluation exercise in six provinces (Northern, North-Western, Copperbelt, Southern, Eastern and Western) to validate the progress reports received from these provinces on the PMP roll out and to provide quality assurance on implementation. The exercise determined that enforcement of the PMP by all provinces visited was lax except the Eastern Province where a good number of individual work plans for implementing the PMP had been developed.

2.1.3. HUMAN RESOURCE MANAGEMENT SKILLS IMPROVEMENT

ZISSP supported its Human Resources for Health (HRH) Specialist and the MOH Director of Human Resources and Administration to attend the Strengthening Human Resources for Health Course at the Harvard University School of Public Health. They acquired knowledge and skills which will be applied when addressing the HR challenges within MOH. They also shared with other participants experiences on Zambia's specific initiatives, such as the implementation of the PMP to resolve HR problems.

ZISSP supported the MOH's DHRA to train 53 (28 males and 25 females) HR staff, records management staff and registry clerks from the central and provincial levels of the MOH on gaps identified during previous capacity needs assessments. Gaps identified and addressed included inadequate IT skills, lack of understanding of the civil service conditions of service, the registry service manual and inadequate skills to manage training functions.

2.2. FAMILY PLANNING AND ADOLESCENT HEALTH

2.2.1. STRENGTHENING FAMILY PLANNING SERVICES

The use of modern contraceptives for family planning (FP) in Zambia is low. According to the Zambia Demographic and Health Survey of 2007, the contraceptive prevalence rate (CPR) is

41%. At community level, myths and misconceptions still surround the use of modern contraceptives while at facility level, not all relevant healthcare workers have the required skills to counsel clients and provide FP services, particularly long acting family planning (LAFP) services.

In 2012, ZISSP provided technical expertise and funding to the MOH to train 109 (79 females, 34 males) healthcare workers, nurse tutors and clinical instructors from seven districts of Eastern and North-Western Provinces and from eight nursing and midwifery training schools in LAFP methods. The training equipped the healthcare workers with the knowledge, skills and attitudes required to provide quality FP counseling and clinical services. The nurse tutors and clinical instructors are expected to apply what they learned to teach nursing and midwifery students thus helping to avert the need for LAFP in-service training for these students once they graduate. ZISSP has supported the training of 172 (120 females, 52 males) healthcare workers, nurse tutors and clinical instructors in LAFP in 22 of the 27 target districts since the project started.

ZISSP supported three post-LAFP training follow-up visits of healthcare workers from health centers in Lukulu and Shangombo and nurse tutors and clinical instructors from Kabwe School of Nursing and Midwifery, University Teaching Hospital School of Nursing and Midwifery, Maina Soko Military Hospital, Mukinge School of Nursing, Kalene School of Nursing, and Solwezi School of Nursing. These supportive supervision visits were to assess the knowledge and skills retention on insertion and removal of Jadelle implants and intrauterine devices (IUDs), identify challenges, and monitor progress in LAFP program implementation at the health facilities and nursing and midwifery schools.

ZISSP funded the training of 21 healthcare providers (17 females, 4 males) from 10 provinces as trainers of LAFP methods to provide them with skills to build the capacity of other healthcare workers in providing LAFP services. The healthcare workers consisted of 19 nurses and midwives and two medical doctors. To date, a total of 36 healthcare workers have been trained as trainers for LAFP methods.

ZISSP also supported mentorship training of 17 FP and adolescent health trainers, nine of whom are male, to become mentors for FP and adolescent health using the MOH clinical mentorship training package developed with ZISSP support.

2.2.2. COMMUNITY- BASED FAMILY PLANNING SERVICES

In 2012, ZISSP provided support to the MOH and the MCDMCH to train 189 community members (96 males and 93 females) from 10 districts to become community-based distributors of FP methods. The training was successful and the participants were equipped with the

knowledge and skills required to counsel community members on FP methods, distribute oral contraceptives and barrier methods (female and male condoms) and also refer community members to health facilities for further assistance. This will assist the districts in ensuring that FP methods are more accessible to community members who then do not have to travel long distances to the closest health facility.

ZISSP provided funding to train 18 nurses and midwives (7 males and 11 females) as trainers of community-based distributors. The healthcare workers were equipped with the knowledge to facilitate Community-Based Distributors' (CBD) trainings.

2.2.3. ADOLESCENT HEALTH SERVICES

In 2012, ZISSP provided financial and technical support to the MOH to review the adolescent health (ADH) training manuals to incorporate comments from stakeholders and finalize the manuals. ZISSP then supported the MCDMCH to train 77 healthcare providers (44 males and 33 females) from 15 districts in adolescent health. The training equipped the participants with the knowledge, appropriate attitudes and skills to improve health service delivery targeted to adolescent clients and their special needs.

Frank Chikapulo is an Enrolled Nurse at Chilonga Mission Hospital in Muchinga Province and is a recipient of the adolescent health training. When he arrived at the hospital, Frank was saddened by the high levels of ignorance in reproductive health and low self-esteem among adolescents. "I decided to form the Chilonga Young Anti-AIDS club whose membership included in-and-out-of school youth. My desire was to provide information on sexual and reproductive health in a community where the hospital could not provide such services."

Along the way, Frank faced many hurdles which discouraged him from implementing this program. After Frank received training in adolescent health, he saw light at the end of the tunnel. "This training has increased my passion; I was discouraged but now I am highly motivated to start providing youth with sexual reproductive health information again."

ZISSP also facilitated the training of 30 (14 males, 16 females) healthcare workers from 10 provinces, as trainers in adolescent health. Previously, most of the trainers available were

associated with specific non-governmental organizations. This training will contribute to developing a pool of trainers who are nationally recognized by the MOH.

ZISSP also facilitated the training of 77 peer educators (40 males, 37 females) from Mpika and Nakonde Districts in reproductive health and HIV prevention.

With ZISSP support, the MCDMCH initiated the development of the Adolescent Health Communication Strategy that will be used in conjunction with the Adolescent Health Strategic Plan and the Adolescent Health Standards to guide implementation of adolescent health activities in health facilities in Zambia. The communication strategy will be completed by the end of the first quarter of 2013. The Adolescent Health Strategic Plan (2011-2015) which was developed with ZISSP support in 2011 was launched at a ceremony in November 2012.

2.3. EMERGENCY OBSTETRIC AND NEONATAL CARE

2.3.1. EMERGENCY OBSTETRIC AND NEONATAL CARE TRAINING

In 2012, ZISSP supported the EmONC training of 143 healthcare workers (63 males, 80 females) in eight districts and four general hospitals. ZISSP has trained 273 healthcare workers since project inception, representing 85% of the overall project target covering 31 districts, including non-ZISSP target districts. The EmONC trained healthcare workers are equipped to identify and manage emergency maternal and neonatal conditions, thus contributing to the reduction of maternal and neonatal morbidity and mortality.

ZISSP supported post-training supportive supervision (TSS) by EmONC trainers for 59 EmONC trained healthcare providers in Copperbelt, Southern, Luapula and Northern Provinces to assess EmONC services being provided and identify gaps and areas that needed mentorship. An area that repeatedly appears as a gap is the proper use of partograph. However, most of the EmONC trained providers at health center level are able to perform a number of procedures such as breech delivery which prior to the training, they would have had to refer the patient to the next level of the healthcare delivery system.

Mr. Joseph Mushitu is the only trained practitioner at Mukungule Rural Health Center in Mpika District. He is a qualified Enrolled Nurse who has been practicing general medicine for several years. Joseph underwent training in Emergency Obstetrics and Newborn Care (EmONC). Joseph speaks highly of his newly acquired skills after completing the 21-day EmONC training.

"Since I returned from the EmONC training, my clients in this community have started appreciating my services because I feel more confident to handle childbirth complications. I have been able to successfully carry out at least three breech deliveries. I have also resuscitated many babies who do not cry at birth. I have performed one manual removal of a retained placenta and repaired twenty-six perineal tears. All these, I could not competently do before I underwent the EmONC training."

In 2012, ZISSP provided technical and financial support to the MOH to develop clinical guidelines for the use of Misoprostol for prevention of postpartum hemorrhage in Zambia. MOH with support from ZISSP launched the clinical guidelines in November 2012. ZISSP also provided support to begin the development of the national Misoprostol scale up plan.

ZISSP in collaboration with the American College of Midwives (ACNM) provided support to the MOH to initiate development of a supportive supervision system for EmONC training sites. The objective of developing this system is to strengthen EmONC activities at training sites, maintain open communication between the hospital and the EmONC training system, support the hospital to maintain and improve standards of care to make the environment conducive for training, assist health care providers to integrate EmONC protocols and skills, and finally conduct regular assessments of the hospital. This document will be finalized in the second quarter of 2013.

Joseph Mushitu, listening to Mrs. Musenga, an EmONC trainer, during a post training technical support supervision session.

2.3.2. STRENGTHEN MIDWIFERY SERVICES

In 2012, ZISSP and ACNM provided financial and technical support during two separate visits for skills lab management training to three Direct Entry Midwifery (DEM) schools to ensure that the knowledge and skills acquired by tutors and clinical instructors are applied correctly. The three DEM schools have unique challenges which range from having inadequate models, not having dedicated tutors to manage the lab, having a very packed DEM program, and students having little exposure to the skills lab. Despite these challenges, the three schools have been successful in skills lab management and have appreciated the new training models the schools have received.

> Emelda Chalabesa, a second year midwifery student at Roan Midwifery School, had this to say: "This is the best gift that this school has received. The models that we had before were not sufficient, and it was very difficult to learn in the skills lab. Most of the equipment is kept in the clinical area but now we'll have our own equipment to use here in the lab for practicing before we go to the clinical areas."
>
> Lillian Zulu, a fellow student described how difficult it was to simulate postpartum hemorrhage (PPH) in the skills lab without proper models. "With the new MamaNatalie and NeoNatalie models, we can more easily learn how to manage PPH because you are actually experiencing more or less something close to a real situation."

2.3.3. SAVING MOTHERS GIVING LIFE ENDEAVOR (SMGL)

Saving Mothers' Giving Life (SMGL) builds on the Government of the Republic of Zambia (GRZ) existing platforms and strategies, including the Campaign for Acceleration of Maternal Mortality Reduction in Africa (CARMMA). In the first year of implementation, the MOH selected four districts to begin implementing the program: Lundazi and Nyimba in Eastern Province, Kalomo in Southern Province, and Mansa in Luapula Province.

In 2012, ZISSP seconded one staff to each of the four SMGL districts as an SMGL district coordinator who works with a Peace Corp Volunteer (PCV) attached to each of the districts. ZISSP also hired a healthcare worker to serve as a provincial-based coordinator to assist in the SMGL coordination in Eastern Province to better cover two SMGL districts in the province. The coordinators provide an overarching coordinative role in the four districts.

All the SMGL district coordinators supported their districts in coordinating partner activities, provided monthly summaries of SMGL activities in their respective districts, documented successes of SMGL activity implementation and provided technical support for various SMGL-related activities such as maternal death reviews and SMAGs training.

Edison Zulu a SMAG member standing with a mother (far left) whom he referred to the health facility for a safe delivery of a healthy baby boy. The mother-in-law, sitting on the ground, is holding her newborn grandson.

Edison Zulu is a Safe Motherhood Action Group (SMAG) member, from Chikmeni Rural Health Center in Lundazi District. Since being trained in March 2012, the 20 SMAG members of the Chikomeni community including Edson have been actively working in their surrounding villages to increase the number of pregnant women seeking care and choosing to deliver at the facility. Edson spoke of five women he had referred to the health facility for delivery. "We are working to save lives in our communities."

2.4. CHILD HEALTH

2.4.1. INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES

The ZISSP goal is to contribute to reducing childhood morbidity and mortality by strengthening the capacity of the MOH and MCDMCH to coordinate, plan, implement, monitor, and assess national child health and nutrition program interventions.

In 2012, ZISSP facilitated the training of 275 (164 males and 111 females) healthcare workers (nurses, clinical officers, and environmental health technicians) from 11 districts in facility-based Integrated Management of Childhood Illnesses (IMCI); 48 were trained in collaboration with CARE International. ZISSP has supported the training of 384 (208 males and 176 females) healthcare workers in IMCI in 18 districts since the project started.

ZISSP supported the training of 23 healthcare providers (15 male and 8 female) from 11 districts in Northern, Central, Lusaka and Eastern Provinces in the principles of clinical mentorship with a focus on IMCI and the Expanded Program on Immunization (EPI). These mentors are expected to work with their respective district Clinical Care Teams (CCTs) in providing IMCI and EPI mentorship for improved case management of sick children and immunization services respectively.

ZISSP also supported the IMCI post-training follow-up visits to 70 healthcare workers from Nakonde and Mpika Districts to assess their strengths and weaknesses in IMCI service delivery and provide technical supportive supervision where necessary.

ZISSP facilitated the training of trainers of 21 (11 females and 10 males) nurse tutors and clinical instructors from 12 nurse training institutions in IMCI using the IMCI Computerized Adaptation and Training Tool (ICATT). This training provides a platform to train more healthcare workers and nursing students in IMCI than the regular classroom-based IMCI training since it is a computer-based system; one instructor can train more students at any given time than the regular in-service IMCI training that requires eight facilitators to train a maximum of 24 students over an eight day period.

ZISSP funded an assessment of the feasibility of expanding existing child health oral rehydration therapy (ORT) corners in health facilities to provide more comprehensive child health services beyond ORT. In early 2013, ZISSP will facilitate the finalization of the assessment report with recommendations for next steps.

2.4.2. EXPANDED PROGRAM ON IMMUNIZATION

The Reach Every District (RED) strategy to strengthen routine immunization and other child health interventions has been in practice in Zambia for five years.

In 2012, based on a situation analysis conducted in 2011, the MCDMCH received funding and technical assistance from ZISSP to train 155 (75 males and 80 females) healthcare workers in the RED strategy. Since the project inception, ZISSP has provided support to train 259 healthcare workers (124 males and 135 females) on the strategy.

ZISSP also provided technical and financial support to the MCDMCH to prepare and undertake the nation-wide measles campaign over a two-week period in September 2012. This campaign targeted children aged six months to 14 years (46.6% of the Zambian population) for measles immunization. The children also received Vitamin A supplementation, Mebendazole de-worming medicine and polio vaccine (the latter in 30 districts determined to be at high risk for polio). ZISSP hired a logistician for a period of 60 days to assist with preparations for the campaign including quantification of cold storage space required for the extra measles vaccines.

2.4.3. NUTRITION INTERVENTIONS

ZISSP provided support to the MOH and MCDMCH to build the capacity of 205 healthcare workers (102 males and 103 females) and 261 community volunteers (134 males and 127 females) in infant and young child feeding (IYCF) and community-based growth monitoring and promotion (CBGMP) through training and post training mentoring. The purpose of this capacity building is to improve the identification and management of children requiring nutrition interventions before severe acute malnutrition and ensuing complications set in. Since the project inception, ZISPP has facilitated the training of 335 healthcare workers (167 males and 168 females) and 410 community volunteers (198 males and 212 females) in IYCF and CBGMP.

ZISSP also provided support to train 25 healthcare workers (13 males and 12 females) as trainers for community IYCF and CBGMP and 23 healthcare workers (11 males and 12 females) from six provinces as provincial and district mentors for IYCF and CBGMP. To improve nutrition management of individuals living with HIV, ZISSP also funded nutrition and HIV training for 231 healthcare workers (119 males 112 females) from health facilities providing antiretroviral therapy.

ZISSP worked with the MOH to assess 25 health facilities in five districts on the Baby Friendly Health Facility Initiative (BFHFI) status. The recommendations from this report will be used in 2013 to provide support to selected health facilities to attain full BFHFI status.

2.4.4. NATIONAL FOOD AND NUTRITION COMMISSION SUPPORT

ZISSP supported the National Food and Nutrition Commission (NFNC) to develop guidelines and policy briefs for the "1,000 most critical days" program. ZISSP and the NFNC supported the launching of World Breastfeeding Week in various districts country-wide. ZISSP also provided support to the NFNC to work towards the development of maternal and adolescent nutrition guidelines for healthcare workers.

3. TASK TWO: SUPPORT TO THE PROVINCES AND DISTRICTS

3.1. QUALITY IMPROVEMENT AND CLINICAL CARE

3.1.1. QUALITY IMPROVEMENT TECHNICAL WORKING GROUP

ZISSP actively participated in Quality Improvement Technical Working Group (QI TWG) meetings of the MOH. The meetings discussed the finalization of the QI Operational Guidelines and the training package, funding for QI trainings and the incorporation of QI into the in-service curricula for health workers. Areas of collaboration and resource leveraging with CDC through HealthQUAL International were identified such as providing technical assistance for capacity building (QI HealthQUAL International is an NGO funded by CDC which provides technical assistance to health workers to improve the quality of service delivery in many countries).

In the third quarter, HealthQUAL International invited the MOH QI team and members of the QI TWG which included ZISSP on a study tour of their QI project sites in New York State in the United States along with participants from seven other countries. The objectives of the tour were: 1) to gain direct knowledge in the management and implementation of QI programs through on-site visits to a multi-disciplinary grouping of HIV treatment and care facilities operating first-class quality management in HIV programs; and 2) to appreciate the importance of stakeholder contribution in QI programs. The tour provided information and hands on experience with strategies to incorporate quality in all health service delivery programs and the importance of identifying a few indicators that can be tracked for each program. The QI TWG adopted some of the lessons learnt from the study tour including the following five QI indicators which will be tracked at all levels:

1. Percentage of exposed infants tested for HIV at 12 months
2. Percentage of all HIV positive clients retained on ART the last 12 months
3. Number of maternal deaths at the facility recorded in the last one month/quarter/12 months
4. Proportion of confirmed malaria cases in the last one month/quarter/12 months
5. Number of under –five children who died in the last one month/quarter/12 months.

3.1.2. QUALITY IMPROVEMENT OPERATIONAL GUIDELINES

In 2011, ZISSP collaborated with the MOH and other cooperating partners to harmonize the fragmented approach to QI used by various cooperating partners in the health sector. This began with the development of the National QI Operational Guidelines and review of the

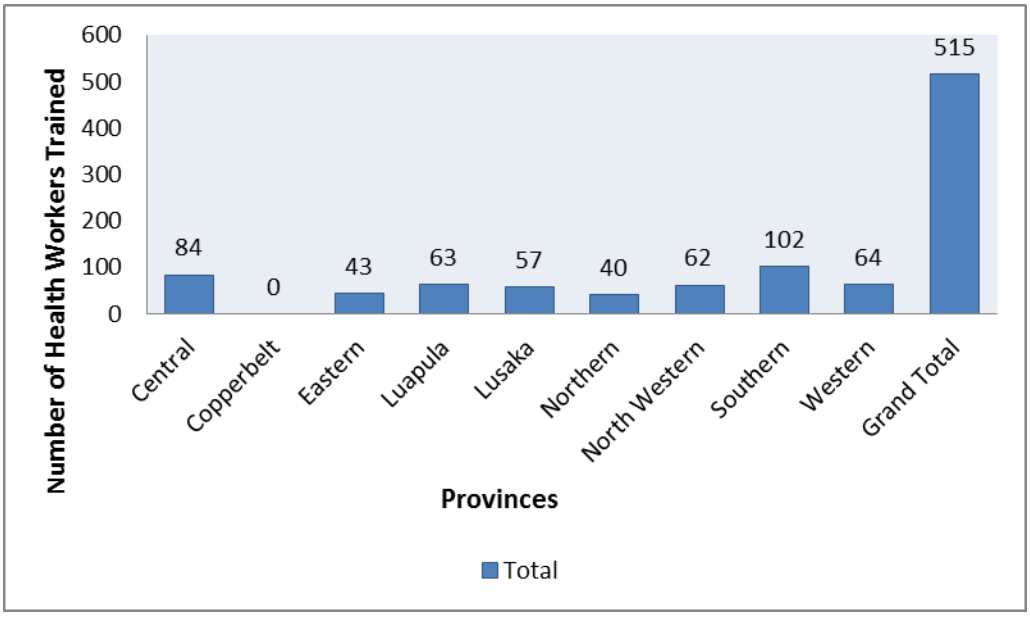
existing QI training package for health workers. The existing QI training was highly centralized with only four national trainers in the MOH.

ZISSP supported the MOH to print 5,000 copies of the QI guidelines which were launched by the MOH permanent secretary on 21st November 2012. The QI training manuals await formatting and editing before the final print.

3.1.3. DECENTRALIZATION OF QUALITY IMPROVEMENT TRAINING

In the second quarter of 2012, ZISSP supported the MOH to train 64 (43 males and 21 females) provincial QI trainers coming from the ten provinces in two sessions using the reviewed QI curriculum. Seven trainers (two males and five females) from various cooperating partners (Centre for Infectious Disease and Research in Zambia [CIDRZ], AIDS relief, Elizabeth Glaser Pediatric AIDS Foundation [EGPAF], CHRESO Ministries and MGIC-AIDS Relief) were also trained. The first training was fully funded by ZISSP. The MOH provided 75% of the funding for the second training while ZISSP contributed 20% and EGPAF provided the remaining funds. The funding from MOH was a positive indication of their taking ownership for the reviewed QI curriculum and a step towards institutionalization of QI within the MOH. The training of the 64 provincial QI trainers was also a step towards decentralization of the QI trainings to the provinces which will enhance sustainability and establish a system that should allow for rapid scale-up of QI training in a more cost-effective manner.

Figure 1. Number of health workers trained in QI in the nine provinces



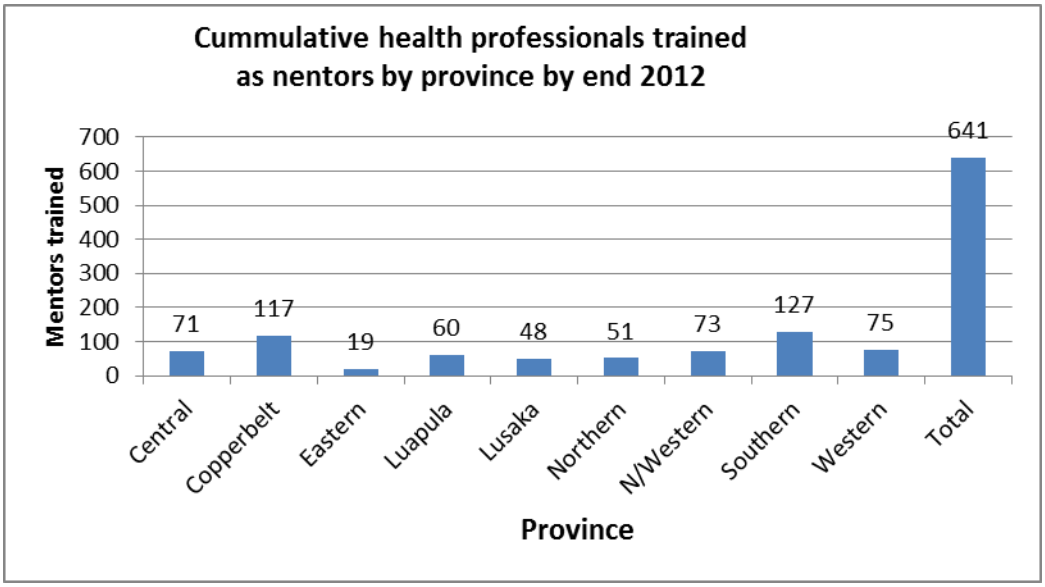
In the last half of 2012, ZISSP supported the roll out of QI training for 515 (308 males and 207 females) provincial and district managers and health workers from institutions in nine provinces in the country. This is against the annual target of 540 representing a 100% achievement.

In 2013, the health workers trained in QI will facilitate formation of QI committees in the provinces and districts and also incorporate stakeholders from the community. These committees will be responsible for initiating QI activities that will address the performance of selected core indicators. Quality has different perspectives (client and provider) and therefore stakeholder involvement in health service delivery will be emphasized through the QI committees.

3.1.4. INSTITUTIONALIZATION OF CLINICAL CARE MENTORSHIP

In 2012, ZISSP supported the MOH to train 200 multi-disciplinary mentors in Central, Copperbelt, Luapula, North-Western and Southern Provinces. This was against the annual target of 375 representing 53% of the target. This shortfall could be attributed to non-availability and the delayed appointment of Clinical Care Specialists in Luapula and Eastern which experienced a significant shortfall of mentors.

Figure 2. Health workers trained as mentors from 2011-12



Since the review of the clinical mentorship training package, ZISSP supported training of 641 multi-disciplinary mentors from the 10 provinces. The trained multi-disciplinary mentors have constituted the multi-disciplinary CCTs at the province and district levels.

In 2012, six multi-disciplinary provincial clinical care teams (PCCTs) and 45 district clinical care teams (DCCTs) were established in Central, Copperbelt, Eastern, Lusaka, Southern and Western Provinces. The objectives of establishing these CCTs at provincial and district levels are to: 1) decentralize mentoring to the implementation level and ensure cost-effectiveness; 2) identify mentoring needs based on locally generated health information and performance assessment reports and ensure focused mentorship to health facilities and health workers within the district; 3) enure other support systems for clinical care (pharmacy, laboratory,

nursing care, etc.) are also strengthened; and 4) create ownership and institutionalize mentorship in health service delivery as part of QI.

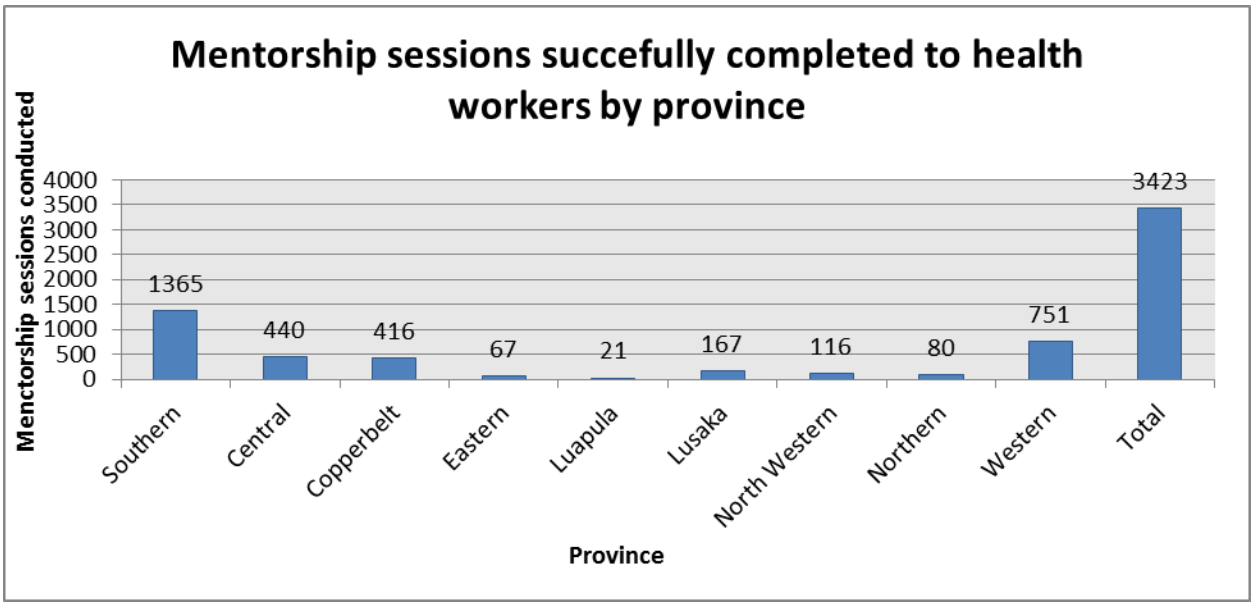
3.1.5. CLINICAL CARE MONTHLY PLANNING MEETINGS

ZISSP supported the multi-disciplinary DCCTs to hold 107 monthly meetings in the provinces (with the exception of Eastern, Luapula and North-Western where these structures were not fully established and functional) to review mentoring reports, performance assessment and HMIS reports, and identify clinical mentorship needs. The health service delivery indicators reviewed in the meetings identified the health facilities and service providers that needed mentorship in specific areas and appropriate mentors were assigned. These meetings ensure that the CCTs provide focused clinical mentorship that is needs based.

3.1.6. CLINICAL MENTORING OF HEALTH WORKERS

In 2012, ZISSP supported the CCTs at district and provincial levels to mentor 1,008 (528 males and 480 females) health workers through 1,191 mentoring sessions at all levels. ZISSP set a target to conduct 2,400 mentoring sessions for health workers from October 2011 to September 2012, and 2,995 mentoring sessions were successfully completed by 31st September 2012 to meet the target.

Figure 3. Mentorship sessions successfully completed by province in 2012



Overall, 3,423 clinical mentoring sessions were successfully completed and reported during 2012 from nine provinces as shown in Figure 3 above during which 2,402 health workers (1,300 males and 1,102 females) were mentored. The areas covered included antiretroviral therapy (ART), prevention-of-mother-to-child transmission (PMTCT) of HIV, IMCI, nutrition, malaria,

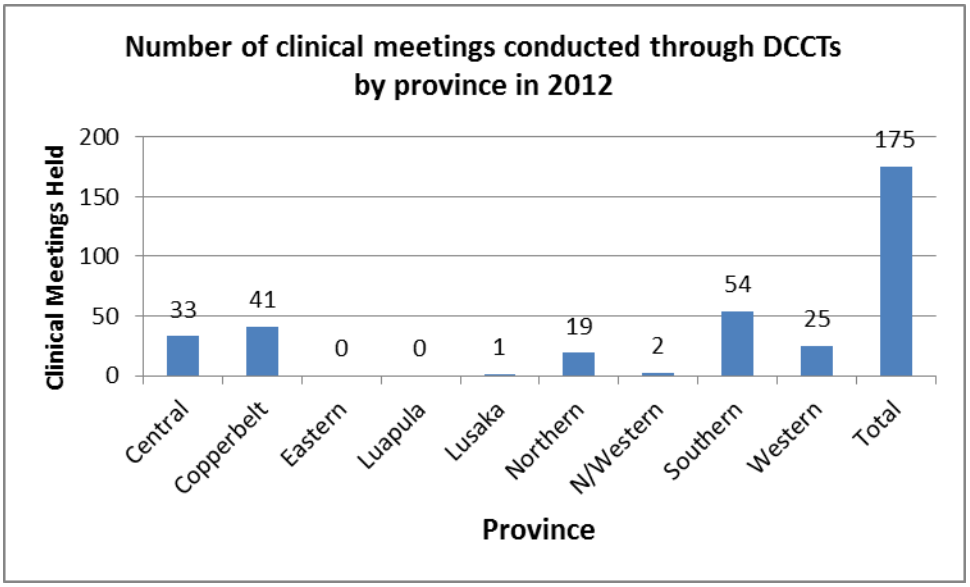
surgery, antenatal care, intrapartum care, nursing care, pharmaceutical and laboratory information management.

The MOH requested support from ZISSP to develop treatment protocols, flow charts and job aides for selected health conditions to equip the DCCTs (mentors) in conducting effective clinical mentorship and enhance quality clinical case management for better health outcomes. However, MOH faced coordination challenges with the clinical mentorship program resulting in this activity being carried over to 2013.

3.1.7. SUPPORT TO CLINICAL MEETINGS

In 2012, ZISSP supported the CCTs at provincial and district levels to conduct 175 clinical meetings in seven provinces (see Figure 2 below). These facility-based clinical meetings provide a mechanism for continuous staff professional development and an opportunity to provide updates to health workers on current clinical case management protocols in various fields. Some provinces did not facilitate clinical meetings in their provinces because they were in the process of training mentors and constituting CCTs and experienced delays in appointment/ replacement of clinical care specialists.

Figure 4. Number of clinical meetings conducted through the DCCTs by province



3.1.8. SUPPORT TO DISTRICT CLINICAL CARE TEAMS

PCCTs provided mentorship to the DCCTs and health workers in health facilities in the districts. This mentorship was not only confined to technical areas but also involved building the mentoring skills of mentors and helped to identify mentoring needs in malaria case management, ART, PMTCT, nutrition, maternal health, etc., through record and report reviews.

In 2012, a total of 42 district CCTs were mentored to build the capacity of the DCCTs to identify health service delivery areas, health facilities, and health workers needing clinical mentoring. The PCCTs also impart knowledge (based on national standard treatment protocols for specific conditions) and skills (building relationships with mentees, communication skills, etc.) to the district clinical care mentors.

3.1.9. PROVINCIAL QUARTERLY PROGRAM PERFORMANCE REVIEW

In 2012, ZISSP supported five provinces (Central, Copperbelt, Northern, North-Western Southern and Western) to conduct eight review meetings to evaluate program performance at provincial level in Level 2 hospitals in the districts from 2009 to 2011. ZISSP also supported Northern Province to conduct a review meeting attended by District Medical Officers, district TB program officers, laboratory technologists, pharmacists from each of the eleven districts and the provincial program officers focused on TB indicators. ZISSP supported this meeting to identify not only the TB related health service delivery gaps and address them through mentorship, but also identified the need for mentorship in other related programs such as diagnostic HIV counseling and testing and strengthening referral to adult and pediatric ART services.

3.1.10. PARTICIPATION IN PERFORMANCE ASSESSMENT

ZISSP provided financial support for its clinical care specialists (CCSs) seconded to the provinces to participate in conducting biannual performance assessments, a performance evaluation strategy for health programs, for selected health facilities in all the districts. All nine CCSs participated in the fourth quarter performance assessment.

Prior to conducting the performance assessment, CCSs from Central, Southern and North-Western Provinces facilitated preparatory meetings. This enabled the Provincial Health Office (PHO) to constitute appropriate performance assessment teams with appropriate representation and to identify areas of focus. The CCSs provided technical assistance in assessing health service delivery in clinical areas. The gaps identified were followed up with appropriate technical support.

3.1.11. SUPPORT TO MINISTRY OF HEALTH 2013-15 MID-TERM PLANNING CYCLE

ZISSP, through seven CCSs, provided technical assistance to the districts in their respective provinces to assist them with analyzing the HMIS for planning and to ensure prioritization of poorly performing health program indicators in their 2013 work plans. The CCSs also facilitated the review of the district and hospital action plans.

3.2 MANAGEMENT AND LEADERSHIP

3.2.1 STRENGTHENING STAFF CAPACITY IN PLANNING AND BUDGETING

ZISSP continued supporting the MOH annual planning process to improve the quality of action plans and budgeting in provinces and districts. ZISSP completed the development of planning tools for the PHO, MOH statutory boards, hospitals, training institutions, and health center/posts and community level in 2011 as a final step to the standardization of the planning process. ZISSP funded the printing and distribution of five sets of planning tools in the first quarter of 2012 as listed below:

- Provincial Health Office/MOH-HQ Planning Tool
- Statutory Boards Planning Tool
- Hospital Planning Tool
- Training Institutions Planning Tool
- Health Center/Post and Community Planning Tool.

These tools will improve planning within the MOH and strengthen the bottom-up approach to planning through improved community engagement. The planning handbooks were disseminated during the launch of the 2012 annual planning cycle to institutions through the PHOs.

ZISSP also developed a standard format for technical presentations which MOH program managers used to present their technical planning updates. This template helped link the goals and objectives of the NHSP, performance level and the suggested priorities.

In the third quarter, ZISSP supported the action plan review meetings which were held in all the provinces. ZISSP provided financial support to the MOH to consolidate the health sector plan for the 2013-15 medium term expenditure frameworks (MTEF) which was later submitted to the Ministry of Finance and National Planning (MOFNP) for budget consideration.

At provincial level, ZISSP supported nine provinces to hold three-day meetings to review their performance against the previous plans, review national updates for the new planning period and set specific priorities for their provinces. These meetings enabled provincial offices to organize better launches of the planning meetings in their various health institutions.

3.2.2 MARGINAL BUDGETING FOR BOTTLENECKS TRAINING

The MOH decision to roll out the marginal budgeting for bottlenecks (MBB) toolkit during 2012 required that the existing toolkit be reviewed and customized to suit the district level standards of operation. In 2012, the Health Systems 2020 project (HS 20/20) in collaboration

with ZISSP provided technical support to the MOH by providing consultants to hold meetings with key MOH program officers with a special focus on health planning, HIV/AIDS, ART, malaria, child health and nutrition, maternal health and TB.

In the second quarter, the HS 20/20 project and ZISSP provided technical support to the MOH to conduct the first training on the MBB toolkit for Lusaka and Central Provinces. This tool was adapted to the planning system in Zambia at district level. A total of 43 MOH Planners and Information Officers (34 males and nine females) received training in the use of the customized MBB toolkit. This has now culminated with officially using the MBB toolkit as a planning tool in the two provinces.

In 2013, ZISSP will continue to provide technical assistance to MOH for the roll out of the MBB concepts in Lusaka and Central Provinces and their districts to reinforce skills learned following training and to learn lessons for further program improvement.

3.2.3 NATIONAL HEALTH ACCOUNTS SURVEY AND RESOURCE MAPPING

In 2012, ZISSP provided logistical and technical support to the MOH and the Department of Economics at the University of Zambia to collect data in selected study sites in all the provinces for the fifth round of the National Health Accounts (NHA) survey. In addition, ZISSP provided an international consultant to support the data analysis exercise and to build technical capacities of the NHA team on how to conduct the data analysis. By 22nd December 2012, most of the data had been received and data analysis had started.

Linked to the NHA activity was the resource mapping exercise conducted by the Management Specialists in the 27 target districts in 2012 to test the newly developed resource tracking tool to determine its appropriateness for NHA institutionalization. As NHA institutionalization was the second objective of the 2012 NHA survey, data collected through the new resource tracking tool were analyzed alongside the NHA survey data and the findings will be part of the main NHA survey report.

In 2013, ZISSP will finalize the development of the NHA institutionalization tool and conduct resource tracking activities in the 27 target districts using the newly developed tool. This activity will ensure constant flow of health expenditure data in the health system necessary for policy decision on health care financing.

3.2.4 PERFORMANCE ASSESSMENT TOOLS REVISION

In 2012, ZISSP provided technical and financial support to the MOH Directorate of Technical Support Services (DTSS) to review the current performance assessment tools for all levels. The

purpose of this activity was to align the tools with the 2011-2015 NHSP and to ensure standardization of monitoring indicators across different technical program areas.

ZISSP also hired a local consultant to incorporate recommendations and finalize the revision of the Performance Assessment (PA) tools. This work resulted in the first draft tools which are ready to be piloted. In 2013, ZISSP will support piloting of the revised tools and subsequently the implementation of the revised PA tools. This effort is aimed at improving the capacity of PHOs and districts in problem analysis and definition which should result into development of realistic and evidence based action plans by health institutions.

3.2.5 DEVELOPMENT OF PROVINCIAL STATISTICS BULLETINS

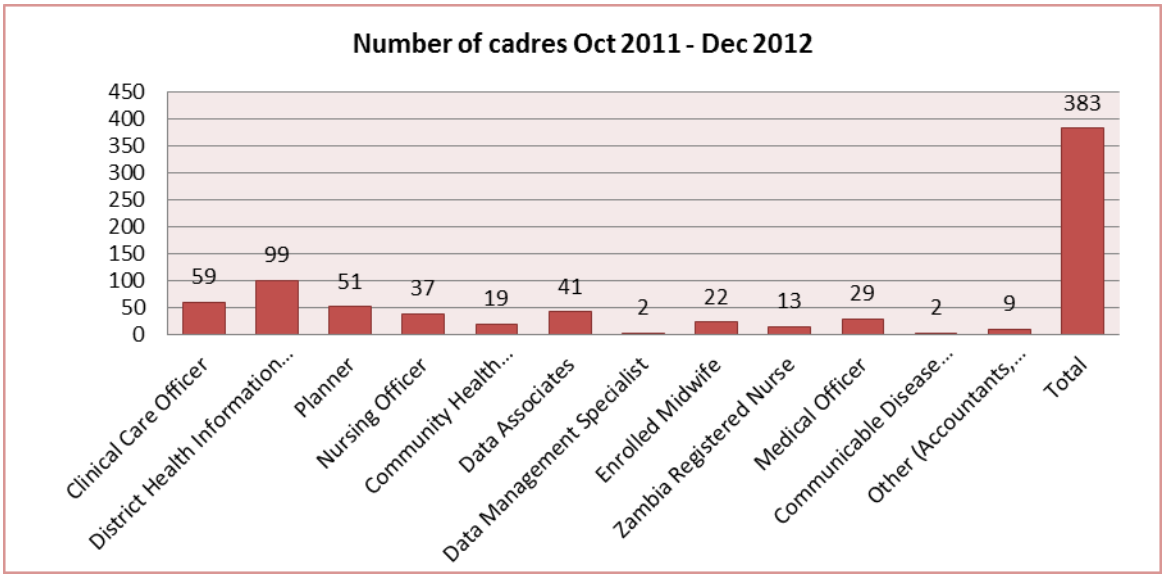
In 2012, ZISSP provided technical and financial support to ten provinces to develop their first provincial annual statistical bulletins. The statistical bulletins provide a summary of the performance of the provinces and their respective districts and hospitals in key MOH performance indicators. During the 2012 annual planning process the documents were used as resource documents which guided individual institutions to come up with priority health programs for the 2013-2015 MTEF planning period.

Nine out of the ten planned provincial statistical bulletins (from Lusaka, Western, Central, Copperbelt, Luapula, North-Western, Eastern, Northern and Muchinga) were developed with ZISSP support and have since been approved by the respective Provincial Medical Officers (PMOs). Three of these have already been printed and sent back to their respective provinces.

3.2.6 STRENGTHENING MANAGEMENT AND USE OF DATA

ZISSP continued to provide technical assistance and funding to MOH to build skills of PHOs and District Medical Officers (DMOs) to enable them to better analyze their data as part of preparations for their performance assessment, technical support supervision and planning activities. During 2012 ZISSP provided technical and financial support to 10 provinces for the training of district staff in DQAs and basic information management. A total of 174 program officers (121 males and 53 females) were trained in DQAs reaching a cumulative total of 383 trained (252 males and 131 females).

Summary of trainings in Data Quality Audit by cadre



ZISSP also supported 10 out of the 27 target districts to hold DQA exercises following DQA trainings held during the first half of the year. These activities are aimed at providing onsite coaching and mentoring in data management as part of re-enforcing skills in basic information management. The process was also used to clean data in preparation for developing provincial statistics bulletins. In some provinces staff from health facilities were included in these activities, and those in need of special attention were followed up in their facilities with further coaching.

In Kaputa and Mbala districts, ZISSP also provided onsite mentoring and coaching to program managers. During this exercise, 13 health facilities identified data collection, collation and reporting completeness as major challenges. The supervising team provided onsite orientation for and assisted the facility staff to review registers and to complete data entry into the Health Information Aggregation (HIA) tool. This activity resulted in improved reporting (completeness and correctness) for Kaputa District Health Office, going from 78% before the follow up visit to 96% afterward.

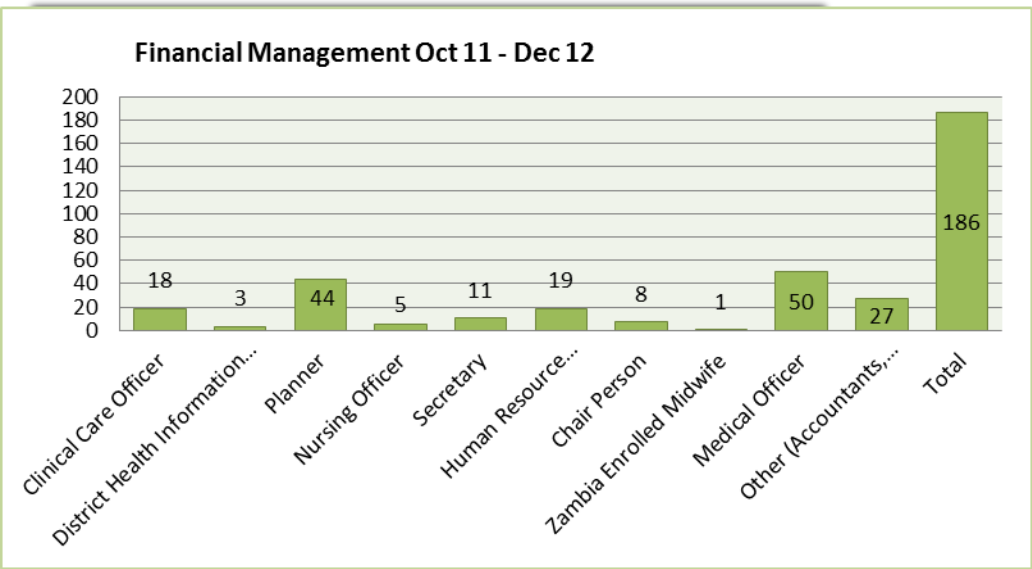
These activities will continue in 2013 as part of continuous mentoring and coaching to improve data management and usage by district level managers.

3.2.7 FINANCIAL MANAGEMENT TRAININGS

In 2012 ZISSP supported trainings in financial management for provincial, district and hospital level non-accountant managers to improve their knowledge and skills in government financial management procedures. These trainings were conducted in 10 provinces capturing non-financial program managers and a few newly recruited district accountants. A total of 186 (150

males and 36 females) non-accountant managers and new accountants were trained in government approved financial management procedures.

Summary of trainings in financial management by cadre



These courses are aimed at increasing financial compliance among government office bearers and ensure maximizing use of available scarce resources to improve service delivery.

In 2013, ZISSP support will go towards monitoring improvements in financial management processes and to identify areas requiring further strengthening to ensure efficiency and effectiveness in the utilization of scarce resources.

3.2.8 PERFORMANCE MANAGEMENT PACKAGE SUPPORT

The PMP is a new performance management system that has been introduced under the MOH aimed at contributing to improved organizational and individual performance through the introduction of a new work culture of planning and target setting and to introduce a new tool for assessing individual performance.

In 2012, ZISSP provided technical and financial support to the Central Province to roll out the MOH PMP. A total of 35 participants (17 males and 18 females) were trained. The PMP will improve staff motivation and performance by establishing a better performance appraisal system and a regular process to review job expectations and identify the skills that staff need to perform their roles.

3.2.9 ZAMBIA MANAGEMENT AND LEADERSHIP ACADEMY TRAININGS AND MENTORSHIP

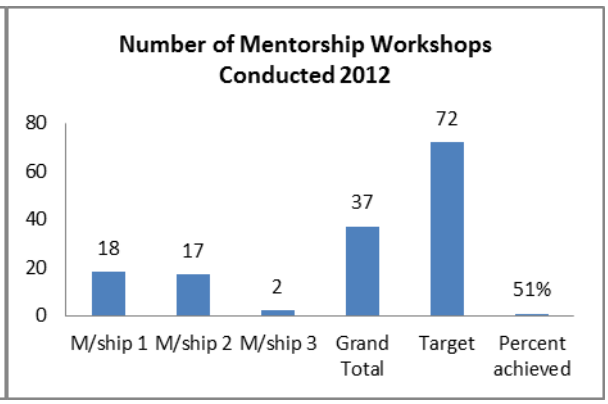
ZISSP through the leadership of BRITE continued implementing the ZMLA activities from previous year's efforts.

Thus far the program has enrolled 472 (128 females and 344 males) participants, and 322 have gone through workshops one to three (modules covered include problem identification, strategic planning, project management, human resource management as well as finance and budgeting). Out of the total enrolled, 137 participants have undergone one and two mentorship sessions and workshops one to three. As at December 2012 only 11 participants had gone through the entire training and mentorship sessions (i.e., one to three).

	Female	Male	Total
Total Enrolled	128	344	472
Completed 3 Workshops	93	229	322
Target			360
Percent achieved			89%
Total mentored	80	238	318
Completed 3 Mentorships	4	7	11
Target			360
Percent achieved			3%

Cumulatively a total of 52 out of 72 workshops have been conducted as of December 2012 (11 were conducted in 2011 and 41 in 2012). Similarly 37 out of 72 mentorship workshops were conducted during January to December 2012.

Each cohort consists of four case study groups and uses the ZMLA tools and principles to define the problem in maternal and child health services, atomize them and gather solutions to address the problem.



Overall attendance for most workshops has been very good, and the demand for the program has increased. A total of 973 people were recorded as attending workshop One in 2012. This figure brings the cumulative number to 1,220 from inception of the program.

As at December 2012, 507 persons were recorded as attending mentorship workshops. In addition, the program trained 68 (19 females and 49 males) MOH mentors using the same modules to continue supporting the mentorship program.

	Attendance						Number of workshops		
	2011			2012					
	Female	Male	Total	Female	Male	Total	2011	2012	Total
Workshop 1	71	176	247	55	165	220	11	7	18
Workshop 2				111	297	408		18	18
Workshop 3				98	247	345		16	16
Grand Total	**71**	**176**	**247**	**264**	**709**	**973**	**11**	**41**	**52**
Target								72	72
Percent achieved									**72%**
Mentorship 1				62	186	248		18	18
Mentorship 2				64	171	235		17	17
Mentorship 3				7	17	24		2	2
Grand Total				**133**	**374**	**507**		**37**	**37**
Target								72	
Percent achieved								**51%**	

3.2.10 ZAMBIA MANAGEMENT AND LEADERSHIP ACADEMY OFFICIAL LAUNCH

In June 2012, the ZMLA program was officially launched by MOH with support from ZISSP and its collaborating partner BRITE as an approach for building capacity among key MOH managers at national, provincial, district and facility levels in management and leadership skills. The purpose of the launch was to share ZISSP and BRITE efforts in support of government efforts to strengthen skills of managers in program management functions. A total of 120 high-level stakeholders from MOH, USAID and other partner organizations and media representatives attended the launch.

ZMLA Official Launch- 21 June 2012

Senior Chief Kanongesha unveiling the ZMLA logo with assistance from the Ministry of Health, Deputy Permanent Secretary Dr. Christopher Simoonga, while USAID Deputy Health Team Leader, Dr. Jorge Velasco, and BroadReach healthcare founding partner, Dr. Ernest Darkoh, look on.

The first group of trainees enrolled in 2011 is expected to graduate by 31st March 2013, having completed all the workshops and modules including mentorship. A new group of 360 from the remaining ZISSP target districts will be enrolled in the program for 15 months. With the new group, ZISSP will reach the target of training 720 managers in ZMLA program.

3.3 MALARIA

3.3.1 POST SPRAY MEETING

ZISSP supported the National Malaria Control Center (NMCC) to conduct the IRS post-spray meeting which was attended by 110 representatives from seventy-two districts to share experiences, challenges and lessons learnt as well as strategize for the next spray season. In 2013, ZISSP will continue to support 20 districts which are high malaria incidence areas in Northern, Muchinga and Eastern Provinces.

3.3.2 INDOOR RESIDUAL SPRAYING NEEDS ASSESSMENT

To effectively plan for successful implementation of the IRS campaign, needs assessments are conducted every year. ZISSP supported the National Malaria Control Program to undertake needs assessments in the 20 PMI supported IRS districts. The process provided an opportunity for NMCC to gather information which was used to quantify the IRS needs and requirements for each district.

3.3.3 TRAINING OF TRAINERS IN INDOOR RESIDUAL SPRAYING

IRS is a highly technical process and demands vigorous and thorough training of all personnel involved to achieve the intended impact. In 2012, ZISSP trained 59 district trainers (50 males and 9 females) from 20 PMI supported IRS districts, and they will train, manage and supervise a high caliber cadre of spray operators. This has become even more important now than before due to the shift from using DDT and pyrethroids to using carbamates and organophosphates, the latter two insecticides being more toxic to humans than pyrethroids and DDT.

3.3.4 MALARIA MONITORING AND EVALUATION

Malaria monitoring and evaluation (M&E) tools, i.e., the Needs Assessment Checklist, IRS Data Entry Spreadsheet, and the Monitoring and Supervision Checklist used for data collection at district level, were updated. This contributed to ensuring that data for IRS planning were available on time and in a standardized format. All districts now use these standard tools when reporting.

3.3.5 CASCADE TRAININGS FOR INDOOR RESIDUAL TRAININGS

ZISSP provided financial and technical support to 20 districts to train 870 spray operators (576 males and 294 females). These trainings not only give spray operators skills to spray structures, but also provide spray operators with the necessary skills to handle and apply insecticides safely.

3.3.6 IMPLEMENTATION OF INDOOR RESIDUAL SPRAYING

ZISSP supported NMCC to conduct spray operations in 20 PMI supported districts during the implementation phase of IRS. This included support for perishables, transportation of spray teams and provision of meal allowances. ZISSP also introduced a system of paying spray teams using mobile money transfers in which spray teams receive money through their mobile phones. This method of paying spray teams has several advantages over the previous method. Staff no

longer have to carry huge sums of money to pay spray teams in the field. Spray teams get an alert on their phones informing them of the payments. They can therefore decide when it is convenient for them to cash their money. The challenges to this system include late submission of payroll by the districts, liquidity problems at the cash outlets, and non-availability of dispensing agents in some districts, particularly in the rural areas.

3.3.7 MONITORING AND SUPERVISION OF IRS ACTIVITIES

ZISSP supported NMCC to conduct monitoring and supervision exercises to assess the implementation of IRS in the 20 PMI supported districts. Two monitoring and supervision visits were conducted, one at the start of and another towards the end of the implementation period. The 2012 monitoring and supervision exercise was led by national facilitators drawn from the districts that have been conducting IRS for more than five years. Using national facilitators in this manner helps to strengthen the program through the utilization of staff from district and provincial levels.

3.3.8 IRS INSECTICIDE AND PERSONAL PROTECTIVE EQUIPMENT DISTRIBUTION

ZISSP supported NMCC in distributing insecticides and personal protective equipment (PPE) to the 20 PMI supported IRS districts in sufficient time before the commencement of the spray activities. The insecticides were procured by PMI through the Africa Indoor Residual Spraying (AIRS) project. ZISSP also conducted an inventory management assessment of IRS commodities distribution. This ensures that the IRS commodities are available in the right quantities at all times during the spray campaign.

3.3.9 DEVELOPMENT OF IRS STANDARD OPERATING PROCEDURES FOR IRS LOGISTICS

In 2012, formulation of the IRS Logistics Standard Operating Procedures (SOPs) was completed. The purpose of these is to standardize all important procedures related to IRS logistics and responds to the PMI audit recommendation that standard procedures be formulated to track insecticides purchased from PMI funds. These procedures will guarantee continuous availability of IRS commodities in the districts and enhance accountability and tracking of the commodities at all levels of the distribution chain. The SOPs have since been submitted to the MOH for endorsement after which they will be distributed to and used in all the districts.

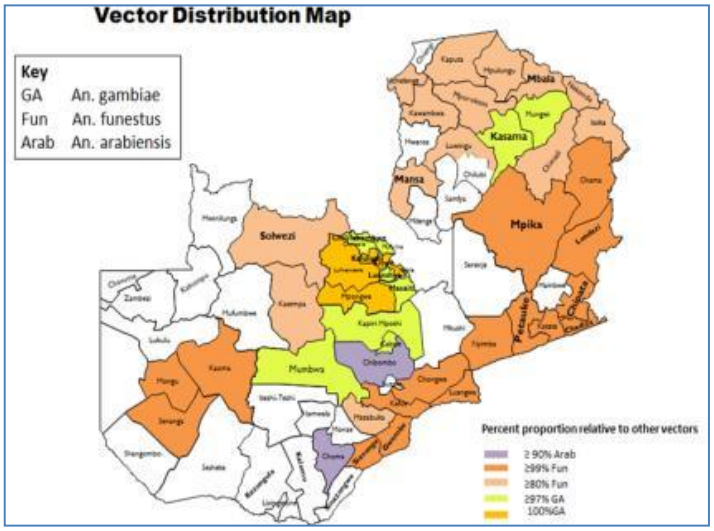
3.3.10 GEOCODING TRAINING AND ENUMERATIONS

ZISSP trained 107 enumerators (36 females and 71 males) and 25 supervisors (3 females and 22 males) in enumeration of household structures in five districts, Chipata, Mambwe, Kaputa, Luwingu and Mporokoso. Enumeration results point to the fact that there may be fewer structures on the ground than actually targeted by the districts.

Enumerators on a hands-on practical exercise – Mporokoso

3.3.11 ENTOMOLOGY INVESTIGATION FOR INSECTICIDE RESISTANCE

ZISSP provided technical and financial support for entomological insecticide resistance monitoring and species mapping in Kaputa, Mungwi, Mpika, Chinsali, Isoka, Nakonde, Mbala, Mpulungu, Kasama, Luwingu, Mporokoso, Chama, Lundazi Kawambwa, Mansa, Gwembe, Namwala, Itezhi-Tezhi, Siavonga and Ndola. Results of the spatial distribution of vector species indicated that *Anopheles funestus* s.l is the main vector in Zambia except for in Copperbelt and Central Provinces. The results from insecticide resistance monitoring also demonstrated that the *An. funestus* population in south-east Zambia exhibited resistance to carbamates but is susceptible to DDT and Organophosphates (OP). The *An. funestus* population from other parts of the country exhibited susceptibility to carbamates, DDT, and OP but resistance to pyrethroids. The profiles of An. gambiae s.l were completed in Copperbelt while in other areas could not be determined due to fewer mosquitoes collected. However, the population from Isoka district showed very mild resistance to deltamethrin, i.e., mortality at 24 hours post exposure was 94%. In the Copperbelt, the mosquitoes were susceptible to OP and carbamates while resistant to DDT and pyrethroids.



3.3.12 ENTOMOLOGICAL INVESTIGATION IN SIX SENTINEL SITES

ZISSP and NMCC identified six sentinel sites (Kasama, Katete, Kasempa, Kaoma, Kitwe and Luangwa) that would be used to effectively monitor and manage insecticide resistance. The NMCC team sent the eggs to the University of Liverpool for microarray studies and infection status of field mosquitoes that laid the eggs. The microarray data showed genetic diversity of genes implicated in insecticide resistance. The underlying resistance mechanism was identified to be mainly metabolic in the *An. funestus* s.l and a combination of metabolic and target site alteration (kdr west) in *An. gambiae* s.l.

3.3.13 TECHNICAL WORKING GROUP MEETINGS

ZISSP supported NMCC to convene technical working group (TWG) meetings to discuss pertinent issues in IRS. In March 2012, a meeting was convened to bring all members of the Insecticide Resistance Management (IRM) TWG. The IRM TWG held its second insecticide resistance discussion on March 19, 2012 and this was followed by a Technical Advisory Committee (TAC) meeting to interpret the findings of the IRM TWG and evaluate the insecticide selection for 2013 spray season. However, a consensus was not reached due to gaps in the data.

On November 26, 2012, ZISSP supported another TAC meeting at which members reviewed the insecticide deployment criteria for the 2014 IRS season and developed a map showing the insecticides selected for each district based on the data available. This was followed by the IRS TWG meeting held on December 23, 2012 at which time the insecticides to be used in 2013 were finally recommended. Based on this, OP will be used throughout the entire country in 2013.

3.3.14 NATIONAL ENTOMOLOGY LABORATORY AND INSECTARY MAINTENANCE

ZISSP provided technical and logistical support to NMCC to ensure that a breeding mosquito colony is maintained for entomological monitoring. Due to inadequate space in the insectary, it was proposed that ZISSP support NMCC to expand the insectary by procuring a prefabricated insectary. The insectary provides the sources of mosquitoes which can be used for monitoring vector resistance.

3.3.15 ENTOMOLOGICAL SURVEILLANCE SYSTEM

A conceptual framework based on a phased delivery of individual components of an integrated entomological surveillance system was designed and is being introduced in four pilot districts,

Chipata, Kafue, Kapiri Mposhi and Ndola. This involved training of 10 environment health technicians (EHT) and 20 community health workers.

Fifty-four (54) EHTs (38 males and 16 females) from 19 districts successfully completed training in the baseline and mock surveillance components of entomological surveillance. This onsite training of EHTs and community health workers was conducted in pilot districts of Kafue, Ndola and Chipata. In 2013, support will be extended to Mongu District.

3.3.16 ACTIVE INFECTION DETECTION

In 2012 the first five clinics under the active infection detection (AID) were handed over to the Lusaka District Health Medical Team (DHMT) for them to run under their work-plan and budget. This allowed for expanding the AID program into five clinics in the first quarter of 2012 and another 18 clinics in the third quarter. AID is currently running in 24 clinics in the district, five of which are under the Lusaka DHMT and the rest with Akros/ZISSP support. Over 900 households were visited in 2012, with more than 3,300 people tested. Out of those tested, only 53 were positive representing a positivity rate of 1.6%. Of the 53 positives detected by rapid diagnostic tests (RDT), 34 reported neither having a history of travel or malaria. In 2013, more clinics will be transitioned to DHMT support to increase sustainability.

3.3.17 FOCUSED ANTENATAL CARE ORIENTATIONS

Following the introduction of a new approach to conducting FANC trainings by WHO, ZISSP supported the MCDMCH in orienting health care providers to the new approach. The FANC orientation program aims to better equip health care providers (midwives, medical officers or clinical officers) with the ability to think critically and make clinical antenatal decisions on the basis of sound knowledge and understanding. Seven trainings were conducted in six provinces covering 35 districts. The goal of the trainings was to assist antenatal care providers to update their knowledge and skills in evidence-based antenatal care and apply this in providing quality antenatal care for their clients. A total of 388 health care providers (116 males and 272 females) were oriented to the new approach.

3.3.18 TRAINING OF CLINICIANS IN MANAGEMENT OF INSECTICIDE POISONING

With the shift from using DDT and pyrethroids to carbamates and OP, ZISSP found it necessary to train clinicians on how to handle cases of poisoning resulting from carbamates and OP. ZISSP therefore provided support to NMCC to train 84 (62 males and 22 females) health

workers in 13 districts in Northern, Eastern and Muchinga provinces in 2012. The IRS TWG recommended that OP be used for spraying in 2013 and 2014.

3.3.19 COMMUNITY CASE MANAGEMENT TRAINING

Integrated Community Case Management (iCCM) is a health care delivery strategy that enables trained health workers to assess, classify, treat, and refer sick children at community level who reside beyond the reach of fixed health facilities. One of the strengths of iCCM is that it improves overall fever case management through use of RDTs that can exclude non-malaria febrile cases. ZISSP in collaboration with the Child Health Unit at the MOH has been implementing iCCM in the 27 selected ZISSP districts. In 2012, ZISSP trained 542 community health volunteers (442 males and 120 females) in iCCM.

3.3.20 MALARIA CASE MANAGEMENT

NMCC revised the guidelines for diagnosis and treatment of malaria in Zambia to include updated policy recommendations. ZISSP supported NMCC to develop training materials and print 4,000 copies of the malaria guidelines. ZISSP also trained 377 (213 males and 164 females) health workers in malaria case management using the revised malaria guidelines in 10 provinces. The focus is on training health workers and improving their clinical skills in the ZISSP districts.

4. TASK THREE: IMPROVE COMMUNITY INVOLVEMENT

4.1 COMMUNITY

4.1.1 COMMUNITY RESOURCE MAPPING

As a follow up to the resource mapping exercise conducted in 2011, a workshop was held with representation from the MOH, PHOs, DHOs and the community to develop a capacity building strategy based on the results. The strategy is in a draft form and will be finalized for use in 2013. However, the Community Health Coordinators (CHCs) are already using some of the results to build capacity of communities in health planning, focusing on updating their skills in leadership, meeting facilitation, participatory planning and incorporating gender perspectives during their supervisory visits.

4.1.2 COMMUNITY HEALTH PLANNING HANDBOOK

The Community Health Planning Handbook was printed by ZISSP and used during the 2013 – 2015 Medium Term Expenditure Framework (MTEF) planning process. The community members use the community handbook to identify their priority health-related needs and then develop better plans to address these needs.

4.1.3 COMMUNITY HEALTH PLANNING

ZISSP CHCs have been working with the DHOs and facility staff in the 27 target districts and in 135 health facilities to help community groups learn to advocate for their health needs as active participants in the health planning process. In 2012, ZISSP managed to cover 26 districts and oriented 1,253 (895 males and 358 females) Health Center Advisory Committee (HCAC) members in community health planning.

In 2013, CHCs and their MOH counterparts will focus on building the capacity of 497 Neighborhood Health Committees (NHCs), 1,080 SMAGs and other community groups to enable them to participate in developing community health plans and promote ownership of health interventions. The program will train 47 key health personnel at the provincial and district offices and 54 health center staff as trainers in community health planning. ZISSP will also focus on developing training of trainers (TOT) training materials to ensure that MOH staff and the communities continue having reference materials to facilitate their work.

4.1.4 SAFE MOTHERHOOD ACTION GROUPS

ZISSP continued to provide support to the MOH and MCDMCH to strengthen SMAG operations in the target 16 districts and has integrated the concept of Home-Based Life Saving Skills (HBLSS). ZISSP has so far assisted with the expansion and formation of SMAGs in 10 of the 27 target districts with a cumulative total of 1,046 (595 and males 451 females) SMAG members trained from 53 of the 135 target health facilities. ZISSP has procured materials to support the work of 950 SMAG members: T-shirts, bags, vests, umbrellas, gum boots, raincoats, hardcover books, 1,694 pencils and pens, 415 bicycles and megaphones.

In collaboration with ACNM, 115 (47 males and 68 females) trainers for SMAGs have been trained. After the training, CHCs, trainers and consultants from ACNM conducted technical support supervision to support their work.

ACNM and ZISSP facilitating community meeting with SMAGs at Dimbwe Rural Health Center in Kalomo district.

Adaptation of the HBLSS training manuals is in process, and ACNM will support the printing of 1,400 copies of the training manuals for SMAGs in 2013.

ZISSP developed SMAGs' data management tools that will be used at health center, district, province and national levels to enhance monitoring and evaluation of the SMAGs program.

SMAG member (Shadrick Mangondo) sits with registers in hand during a one-on-one technical support visit in Lukulu district at out reach post under Kamilende Rural Health Center

4.1.5 BEHAVIOR CHANGE COMMUNICATION FRAMEWORK

The Behavior Change Communication (BCC) Framework was developed to guide development, implementation and assessment of community BCC campaigns, materials and capacity building efforts of the MOH and other partners implementing BCC activities at the community level. The framework is intended to reinforce and coordinate efforts across and within national programs and to decentralize BCC planning to the district and community levels.

In 2012, ZISSP operationalized the framework by training health promotion focal persons and other stakeholders on the use of the framework. ZISSP further supported the establishment of information education and communication (IEC) and BCC district coordinating committees which were later oriented to district level social behavior change communication.

4.1.6 INTERMITTENT PREVENTIVE TREATMENT RESEARCH

ZISSP conducted formative research in intermittent preventive treatment for the prevention of malaria during pregnancy (IPTp) to determine the factors that promote or inhibit timely IPTp uptake during pregnancy. In 2012, ZISSP finalized and disseminated the IPTp research results from the six study districts and used the results to inform development of 2013 BCC intervention activities. ZISSP worked with the malaria team and the Communication Support for Health (CSH) project to develop a malaria orientation package for strengthening staff at community radio stations.

ZISSP also trained 23 (13 females and 10 males) community radio station staff in programming for malaria activities and oriented health promotion focal persons on the communication strategy developed by CSH. ZISSP provided formative research reports on key IPTp health communication issues to MOH and other stakeholders at the district level including clients and providers. The research results were shared at the American Public Health Association annual conference in October 2012.

4.1.7 BEHAVIOR CHANGE COMMUNICATION MATERIALS

ZISSP engaged a firm to conduct a cross sectional inventory study of IEC/BCC materials between March and May 2012 to assess the distribution and availability of materials at district level .The study was conducted in six districts of three provinces: Eastern, Lusaka and Western. The inventory at provincial, district and community levels has now been completed. Dissemination of results was done at national and district levels with stakeholders. Information gathered from this exercise complemented the community mapping exercise that ZISSP undertook to gain deeper insight into the BCC status at the community level. The results informed the development of the BCC Framework. In 2013, the results will be used to develop appropriate community BCC strategies.

4.1.8 RADIO DISTANCE LEARNING

In collaboration with the MOH and other partners, ZISSP developed 26 30-minute radio show episodes as part of a radio distance learning (RDL) program. The RDL covers key cross-cutting issues such as gender-based violence, male involvement, HIV/AIDS, hygiene, birth-planning, and alcohol abuse. The content of the RDL helps build capacity of SMAG members on safe motherhood and is supplemented by a listener's guide to facilitate discussion for peer groups and individual settings. The program serves as a mechanism for refresher education and provides timely and ongoing information to SMAGs, models positive behaviors and empowers SMAGs to provide culturally relevant information to women and referral of women to health services. In 2012, ZISSP finalized the production of the RDL program in English. Eight programs have been recorded so far in each of the following languages: Nyanja, Lunda, Bemba and Tonga.

ZISSP oriented provincial and district health promotion focal persons on establishing, monitoring and managing listening groups. In 2012, a training of trainers for the SMAG listening groups was conducted. Senior provincial health promotion officers, district health promotion focal persons and maternal and child health trainers were trained in the following provinces: Eastern, Copperbelt, Luapula and Southern for 31 participants (18 males and 13 females). ZISSP completed the formation of 22 RDL listening groups in the following districts:

- Mambwe - seven
- Mwinilunga - four
- Kalomo - three
- Nyimba - two
- Mansa - three
- Luanshya - three

In 2012, ZISSP in collaboration with MOH, MCDMCH and stakeholders conducted a workshop to develop support materials to increase the skills of SMAGs in their ability to inform and persuade pregnant women and their partners to practice behaviors that lead to safe motherhood. Two posters, one flip chart and an RDL logo were developed and pretesting has been completed.

In 2013, the support materials will be revised and finalized based on the pretesting feedback. ZISSP will further train 22 RDL listening groups, launch the RDL program and plan for the end line evaluation of the RDL program.

4.1.9 DRAMA

In 2012, ZISSP developed a strategic plan for building capacity among community theater groups and trained 36 (32 males and four females) master trainers to use drama as a tool for social mobilization and dissemination of health messages on maternal health, malaria and HIV. The master trainers later trained seven theater groups at the community level. The master trainers were selected from four provinces, Eastern, Luapula, Copperbelt and North-Western. Seventy drama members were trained. ZISSP produced training manuals, a community reference guide and a video education tool. The video is still being edited and will be finalized in the first quarter of 2013. In 2013, ZISSP will continue to train community theater groups in the remaining 18 health facilities in the six focus districts.

4.1.10 FAITH-BASED AND OPINION LEADERS

ZISSP has begun the process of engaging a consultant to develop an integrated health toolkit to orient traditional, faith-based and other opinion leaders with messages related to positive

behavior change in all high impact health areas (malaria, maternal and child health, nutrition, HIV/AIDS). ZISSP is now working on consolidating an annual report on engagement of traditional leaders as change agents in community. This will provide information to include in the traditional leaders' orientation tool kit.

4.1.11 REVIEW OF GRANT APPLICATIONS

Provincial and District Grants Support Teams (GSTs) in all the provinces and the 11 districts reviewed the grant applications of those who applied to the grants program. A total of 144 applications were presented for review of which 11 had been selected and funded.

4.1.12 NATIONAL GRANTS SUPPORT TEAM REVIEW MEETING

ZISSP Community Unit collaborated with the MOH Planning Unit to develop a checklist as part of standard guidelines which the National GST should use when finalizing the pre-grantee selection package received from the Provincial and District GSTs. After the National GST reviewed the selection package, the team finalized the scope of work and budgets for grantees and other support documentation required for USAID approval.

ZISSP Chief of Party, Kathleen Poer signing the grant agreement with one of the grantees while Acting Permanent Secretary Dr. Chilengwe looks on

The Community Team finalized the pre-grantee award processes which included pre-award surveys and financial risk assessments for the 11 selected grantees. This was done using financial questionnaires filled out by selected grantees, and the provided information was used for risk rankings of the grantees to ensure that ZISSP funds are expended prudently and are accounted for appropriately. ZISSP performed pre-award surveys for all the grantees in the second quarter representing 100% of the annual target (11).

ZISSP held a ceremony to officially award grants to the 11 grantees and to showcase some of the interventions which will enhance community health activities and subsequent results. The ceremony was also aimed at fostering linkages among the major stakeholders, including ZISSP, USAID, MOH and grantees. A total of 47 participants from the aforementioned stakeholders, USAID partner organizations and the media attended the ceremony. Dr. Welani Chilengwe officiated at the ceremony as Acting Permanent Secretary.

ZISSP conducted a meeting for participants from the 11 grant recipient organizations to orient them to ZISSP's focus areas, such as: formation of NHCs and BCC activities for preventive and positive health seeking behaviors related to HIV/AIDS, malaria, family planning, child health and nutrition; implementation framework; and M&E planning. Grantees were also oriented to the monthly financial advance disbursement system, including the cash advance status report. A total of 32 (23 males and nine females) participants attended.

ZISSP trained the selected grantees in grants management (cost principles, procurement procedures, financial and programmatic reporting and other mandatory standard provisions) to enable them to implement their activities in line with USAID standard guidelines. The GSTs also participated in the training to strengthen their skills in effective monitoring and support of grant activities. The total number trained was 56 (42 males and 14 females) and represents 93% of the target of 60.

Earlier in the year, Provincial and District GSTs conducted a review process for grant applications to shortlist organizations for funding. The shortlisted organizations were subjected to an organizational capacity assessment to identify capacity needs. Gaps identified were:

- Financial management
- Monitoring, evaluation and reporting
- Resource mobilization and sustainability
- Governance and management systems.

Some of the participants and facilitators who attended the organizational development training

ZISSP trained 28 grantee staff (20 males and eight females) in organizational development to address the gaps. These included program managers, monitoring and evaluation and finance officers.

ZISSP disbursed a total of ZMK 1,159,808,267 to grantees for startup activities, including stakeholders' meetings. Activities implemented by the grantees included formation and training of SMAGs, training of community-based volunteers in advocacy for positive living, and family planning.

The focus for 2013 will be for the National GSTs to conduct review processes to identify nine new grantees and approve funding, facilitate the disbursement of funds to them, provide technical support supervision, facilitate the training of grantees in grants management, support organizational development and BCC and above all, facilitate the close out processes for the first group of 11 grantees.

5. CROSSCUTTING PROGRAM AND MANAGEMENT SUPPORT

Monitoring and evaluation, knowledge management, capacity building and gender are essential cross-cutting areas. This section of the report highlights the achievement of these cross-cutting issues below.

5.1 Monitoring and Evaluation

5.1.1 PERFORMANCE MONITORING AND EVALUATION PLAN

The M&E team reviewed and finalized the Performance Monitoring and Evaluation Plan (PMEP) which was developed at the inception of ZISSP. Specific quantitative indicators and some cross-cutting indicators which are qualitative in nature were developed. The purpose of the review was to streamline, strengthen and improve the program M&E plan and to measure program impact. The review process provided an opportunity to define some indicators and realign them according to program task areas. The M&E team developed a detailed Performance Indicator Reference (PIR) sheet for each indicator which highlights: indicator definition, data collection process, data sources, frequency of reporting data, critical assumptions; plans for managing the data collection process; and program staff responsible for data collection. The M&E team developed data processing and management guidelines as part of the PMEP which describe the data collection process, date of submitting, data entry/cleaning, data audit and back-up processes.

The ZISSP PMEP depends heavily on program data sources and the HMIS. To standardize data collection, the M&E team rolled-out and implemented the standard data collection registers for specific training and adopted the MOH mentorship forms which improved the consistency of the data collection process. This further improved the quality of the reports submitted to USAID, including the semi-annual performance report (SAPR), annual performance reports (APR), portfolio reviews and the progress performance reports (PPR). During 2012, the team revised the results framework for the program areas, this being one of the key standard tools which guides planning of program activities to ensure that activities are in line with the program goals.

5.1.2 PROGRAM MONITORING AND EVALUATION DATABASE

M&E play an important role in managing program planning, implementation, decision making and achievements against set targets to ensure that accurate, reliable, timely and verifiable data are

captured in a consistent, appropriate, and efficient manner. In 2012, the team continued to pursue its goal of strengthening data management to enhance timely reporting, data quality and measuring performance against program indicators.

The M&E team developed two parallel electronic database systems, one each for the quantitative and qualitative indicators for the program. For data safety, an electronic back-up system was developed by the IT team. The electronic database is password protected to guarantee confidentiality with monthly back-up done and stored internally at ZISSP and the home offices and externally. A manual database was also developed as a back-up to the electronic database and is kept in a safe with limited access to authorized staff only. The M&E team continued to update both the electronic and manual databases throughout the year.

Standard quantitative and qualitative data collection tools were developed to initiate and foster an organized data collection system which addresses the challenges arising from lack of uniformity in data submitted by program staff. The data collection tools were designed to mirror the database for easy capturing of the necessary variables. The M&E team developed a system and introduced a Certificate of Completion (COC) to reinforce submission of the data. This system strengthened the process of tracking program data and improved data efficiency and effectiveness. The COC shows a summary of the number of people trained and is further used as a verification tool against the data included in the submitted registers. The COC is filed away and acts as a spot check form for the submitted data.

To improve data accuracy, the M&E team developed a data verification system which involved working closely with the Finance and Administration Department to track the training registers, verifying the daily attendance registers.

5.1.3 REPORTING

The M&E team was instrumental in helping to coordinate the program deliverables and compiled major program achievements on a regular basis, for example compiling and submitting the semi-annual (October 2011 to March 2012), annual (October 2011 to September 2012), program progress and portfolio review reports to USAID which outlined ZISSP's program targets and achievements.

5.1.4 DATA QUALITY ASSESSMENT AND AUDIT

DQA focuses exclusively on verifying the quality of reported data and assessing the existing data management and reporting systems for program-level indicators. DQA uses two different tools. The first tool assesses the program's ability to report quality data and is used by external auditors. The second tool is used internally to assess the quality of the data, strengthens the data management and reporting systems.

The objectives of the DQA are to:

- Verify the quality of reported data for key indicators at selected sites and
- Assess the ability of data management systems to collect and report quality data.

In 2012 ZISSP underwent two DQAs. The exercises were conducted in conjunction with a team from USAID Zambia and the Pretoria Office. The first audit focused on verifying malaria, health and nutrition data for the period October 2010 to September 2011 in Chongwe District while the second audit was done in Luanshya and Masaiti Districts and focused on verification of DPT3 and Vitamin A data for the November 2011 Child Health Week (CHWk) and for the first quarter (January to March 2012). The draft DQA reports were submitted by USAID to ZISSP. ZISSP implemented the findings which were highlighted in the debriefing meeting and draft reports, some of which included improving the manual filing system for the training registers and developing an M&E data management guideline.

The M&E team conducted an internal DQA in Southern and Central Provinces to improve internal data storage and management. The team shared the internal audit findings which highlighted some of the challenges with the respective personnel both at provincial and district levels in which the DQA exercise was conducted.

5.1.5 TECHNICAL SUPPORT

During the year, the M&E team continued to provide technical support to ZISSP program staff in reviewing program quarterly reports, semi-annual and annual reports, activity plans, budgets, terms of reference (ToRs) for assessments and surveys of the program, and report writing.

The team successfully coordinated the ZISSP work planning process for 2013, developing and ensuring use of planning guidelines and a template for the planning process. The planning meeting in 2012 was successfully organized. All program areas provided an overview of what they intended to do in 2013 and these were shared with the home office for further review.

The team continued to conduct M&E awareness sessions for program staff on the importance of M&E in program implementation.

The team drafted an assessment tool for the BCC baseline of the RDL program and reviewed the grants technical proposals.

The team worked with program staff and successfully submitted seven abstracts to international conferences to demonstrate program successes since its inception, in particular, the American Public Health Association (APHA) and the XIX International AIDS Conference (IAS). The abstracts submitted to the XIX International AIDS Conference include: "Supporting Clinical Care Teams to Improve Quality of ART Services in the Southern Province of Zambia" and "A Model for Integrated Service Delivery and Improved HIV Case Management," both of which were accepted in the previous quarter while those submitted to APHA include: "Measuring the Competencies and Skills of Midwives in an Accelerated Training Program in Zambia and

"Challenges of Implementing Intermittent Preventive Treatment in Zambia for Malaria Prevention in Pregnancy" were accepted this past quarter. ZISSP program staff and MOH counterparts participated in both developing the accepted abstracts and in participating at the APHA conference.

The ZMLA's "An Innovative Approach to Building Management and Leadership Capacity within the Zambian Health Sector" abstract which was submitted to APHA was not accepted.

The M&E team developed a data collection tool to enhance data capture for reporting on SMAGs from facility up to the national level. The tool captures data on process indicators that are aimed at data on facility/institutional deliveries, family planning uptake, and antenatal attendance.

The team strengthened the working relationship with the MOH through participating and providing technical assistance during the TWG meetings, finalized the reviewed HMIS facility registers, reviewed the provincial statistical bulletins, prepared for the 2012 Zambia Demographic Health Survey, reviewed the measles campaign materials, reviewed the Joint Annual Review and National Planning launches reports. To strengthen partner relationships between ZISSP and other cooperating partners, the M&E team in collaboration with Center for Disease Control (CDC) and MOH trained facility staff in Nyimba and Lundazi Districts in QI.

5.1.6 RESEARCH ACTIVITIES

The team provided technical support on a number of assessments which were conducted during 2012 working closely with program staff and consultants (both local and international). The assessments were aimed at assessing the program impact of selected interventions, including: IPTp formative research and assessments on DEM, Child Health Corners, Baby Friendly Health Facility Initiative, and ART Accreditation.

The IPTp formative research findings were used to inform the development of messages and other communication products that promote positive behaviors towards IPTp uptake. The report was submitted to the MOH, USAID, and other partners. The DEM assessment was aimed at evaluating the DEM training program and a performance-based analysis on capabilities of the certified midwives. The findings will be used to enhance the quality of training and practice for the DEM program. The DEM draft report will be submitted to MOH and USAID in the first quarter of 2013.

The team provided technical support in the design and implementation of a baseline survey for the Child Health Corner. The survey will help determine the integration of other child health services at the Oral Rehydration Therapy (ORT) corner which will be piloted over a six month period beginning 2013.

The M&E team reviewed scopes of work for the upcoming assessments on LAFP trainings for nurse tutors, clinical instructors and the ZHWRS.

5.2 KNOWLEDGE MANAGEMENT

5.2.1 TECHNICAL BRIEFS AND SUCCESS STORIES

The ZISSP knowledge management specialist will continue to receive and disseminate information and reports on program interventions across all program areas. The specialist will act as a focal point for information flow from and to all program areas and external stakeholders and will institutionalize relevant protocols for internal and external communication.

In 2013, ZISSP will develop a program communication strategy aimed at improving communication among the staff and between ZISSP and its external clients. This will serve as a system for sharing project accomplishments or challenges, a calendar for all staff and assist to gain high visibility of project impact among public and development community. Success stories will be developed and printed as standalone leaflets and brochures for ZISSP partners. ZISSP will also develop a compendium of success stories. ZISSP will continue coordinating launches of various MOH programs supported by ZISSP.

5.2.2 COORDINATION OF PROGRAM ACTIVITIES

The team successfully coordinated the launch of the ZMLA, the grants award ceremony and the launch of MOH's Mentorship Guidelines, Quality Improvement Guidelines, the Misoprostol Guidelines and the Adolescent Health Strategic Plan.

Two quarterly review meetings for all programs were successfully held during 2012.

5.2.3 INFORMATION SHARING AND TOOLS

The team shared technical presentations from various teams and consolidation of monthly reports with all staff. ZISSP uses the Dropbox and NXPowerlite approach as a means for technical staff to easily access technical information, especially reports, both at the central office and provincial offices.

5.3 CAPACITY BUILDING

The Capacity Building Unit's activities were basically those of ensuring that training and related capacity building interventions in all the focus areas supported by ZISSP were developed and implemented to ensure quality and structure in a consistent way. During 2012, the unit worked closely with focus area teams to develop and implement both training and technical supervision support activities in clinical care, community activities, and EmONC. Other specific areas

included gender and the Community Health Assistant (CHA) school training implementation discussed below.

5.3.1 SKILLS CURRICULA REVIEWS IN FOCUS AREAS

The unit worked closely with the CCTs to ensure that the mentorship training materials were finalized and submitted for validation, approval and subsequent printing to be used in rolling out. The unit facilitated work on the facilitators' and participants' manuals for the QI Guidelines. The training package was then submitted to a consultant for additional review before being finalized and used in training various cadres of health workers.

5.3.2 COMMUNITY HEALTH ASSISTANT TRAINING SUPPORT

The unit provided direct monthly technical support to the CHA Training School where several interventions focused on improving the quality of training. These included:

a. Development of student regulations that have since been adopted as an instrument to govern student life and conduct while in school: Following the implementation of these regulations, student attrition ceased.

b. Introduction of student and staff records: facilitating the creation of student record files that have since improved profiling of student life and progress during their stay in school. Before that, it was difficult for the school authorities to follow up students and staff cases.

c. Examinations and curriculum review: The specialist facilitated the acceptance and affiliation of the CHA school for examination and certificate underwriting by the University of Zambia School of Medicine. The students were examined by the University of Zambia during the final examination held in June 2012. A total of 307 students (162 females and 145 male) presented at the final examinations. All candidates passed and have since been deployed to health posts that originally nominated them. After the first cohort completed their training, the Capacity Building Unit led stakeholders including MOH, Clinton Health Access Initiative, UNICEF, and subject matter experts in reviewing the first curriculum to incorporate the lessons learnt during the pilot phase of training.

d. Developed a curriculum outline: This was used in training supervisors of the CHA. Training of the CHA supervisors was held in all the seven participating provinces between July and August 2012.

e. Conducted a follow up visit: A follow up visit was made to Northern and Muchinga Provinces as part of technical support supervision and on-spot mentorship to trained

supervisors to ensure that CHA supervision becomes more sustainable and remains meaningful to CHA operations at health post level. A specific tool was used during this activity.

5.3.3 MATERNAL AND CHILD HEALTH TRAINING

The specialist provided technical support during the training on c-IYCF in Muchinga Province by facilitating sessions on strategies and approaches, methodologies of delivering training, and providing overall training guidance.

The specialist also provided technical advice and support during one training of trainers for EmONC in mentorship skills for the existing pool of national trainers and also during training of facility practitioners for the Eastern Province participants. He also led a team of trainers to carry out a post training assessment of the facilities in the Northern Province to ascertain how well trained EmONC providers were performing and provided technical support in the adaptation of the ACNM produced HBLSS training materials for the SMAG training materials.

5.3.4 GENDER INTEGRATION ACTIVITIES

The capacity building specialist was assigned to serve as the gender focal point person for ZISSP. Among the first tasks implemented was the development of the Gender Strategy with the assistance of a CEDPA consultant. The strategy was developed following consultation with the ZISSP and MOH central level counterparts and was presented to USAID for comments before approval and dissemination. Towards the end of 2012, the specialist worked closely with the consultant in carrying out a gender analysis study of Nakonde and Kafue in Muchinga and Lusaka Provinces respectively. The report will be finalized in the first quarter of 2013 and results will inform MOH planning activities.

5.1 FINANCE AND ADMINISTRATION

During 2012, ZISSP's Finance and Administration Department focused its attention on strengthening internal operational systems to improve program delivery and accountability.

The Department:

- Supported the FY2012 work plan budget process to effectively contribute towards achieving ZISSP's program goal
- Rolled-out the Online Time Reporting System for more efficient, realistic and timely submission of time sheets
- Established and rolled out Tom Card Fuel System to all provinces to ensure cost efficient use of fuel

- Completed the registration of project suppliers and developed Service Level Agreements for frequently purchased items to ensure value for money through quantity discounts and reduction in time spent on looking for repeat quotations
- Intensified the follow up on outstanding project advances with staff to ensure minimal accrued expenditure and increased burn rate by the end of year
- Established an online tracking system called International Site Management System (ISMS) to ensure timely disbursement of funds and liquidation of project advances
- Supported the IRS implementation season by establishing an efficient system for paying allowances to spray operators and their supervisors through a mobile payment mechanism
- Trained accounts staff in new accounting software which is scheduled to be implemented in January 2013
- Trained drivers in defensive driving
- Oriented all staff on revised changes to finance and administrative procedures.

5.1.1 OVERRAL BUDGET AND EXPENDITURE

As of 31 December 2012, ZISSP spent a cumulative amount of US$40,543,956 against the current obligations of $55,786,855.00. Cumulatively, ZISSP has spent 46% of the total project estimated ceiling of $88,092,613.

5.1.2 HUMAN RESOURCES

ZISSP has a total of 97 staff including four senior management staff, 49 technical staff, 22 finance and administrative staff and 26 drivers.

In 2012 the project recruited 17 technical and administrative staff. These positions included a: Nutritionist, Monitoring and Evaluation Officer, Monitoring and Evaluation Data Assistant, District Coordinator (Kalomo), District Coordinator (Nyimba), District Coordinator (Mansa), Provincial Coordinator, Clinical Care Specialist (Lusaka Province), Clinical Care Specialist (Luapula Province), Clinical Care Specialist (Eastern Province), Communications Specialist, Accountant, Assistant Accountant, Administration Manager, Procurement Specialist, Administrative Assistant and Driver.

The project had 10 employee separations: the Malaria Team Leader, Clinical Care Specialist - Lusaka Province, Clinical Care Specialist – Luapula Province, Clinical Care Specialist - Western Province, Monitoring and Evaluation Manager, Nutritionist, Administration Manager, Administrative Assistant, Driver (Western Province) and Driver (Northern Province).

For 2013, ZISSP is recruiting for the positions of Clinical Care Specialist - Western Province, Clinical Care Specialist - Luapula Province, Geographic Information Specialist, Case Management Specialist, Monitoring and Evaluation Manager, Monitoring and Evaluation Officer, Nutritionist, Accountant and Driver – Northern Province.

5.1.3 INFORMATION TECHNOLOGY

The ZISSP IT Department accomplished several activities in 2012 both internally and externally with the MOH's IT Department:

- Rolled out the International Computer Driving Lesson in-house training program: a total of five candidates have attempted the certification exams with a 100% pass rate. This activity will continue in 2013.
- Equipped all provincial offices with backup capability using QNAP (Network Area Storage). This is in preparation for enabling remote backup of user files and sharing frequently accessed files between the Lusaka and the provincial offices.
- Ensured that the operational regulations of Zambia Information and Communication Technology Authority (ZICTA) were met as the network expanded to the rest of the project operational locations. The department successfully applied for spectrum licenses and was given a rebated annual subscription fee due to ZISSP work in Zambia.
- Conducted an IT needs assessment for MOH IT staff based in the provinces and subsequently conducted helpdesk support training to assist the PHO IT staff in managing their IT environment. The deliverable for this training was the setting up of fully functional Helpdesk Support Portal at the Ndola PHO accessible by all staff on the network. The MOH will now roll out the helpdesk solutions to the University Teaching Hospital, the MOH HQ and other health institutions.

5.2 CHALLENGES AND SOLUTIONS

Challenges	Proposed Solution
Lack of clarity on which ministry, whether the MOH or MCDMCH, is the lead for implementation of various child and reproductive health activities	The two ministries provided guidance on the mandates of each individual ministry at the end of 2012.
Lack of transport for the SMGL district coordinators to undertake activities at health facility level	The coordinators need to liaise closely with cooperating partners in their districts and the DMOs to leverage existing transport.
Constant rescheduling of planned activities to pave the way for implementation of un confirmed central level priority health programs	Technical staff will continue to negotiate for new dates although this affects the timely completion of planned activities.
Increasing number of drop-outs from ZMLA activities: Eastern Province only had 50% of ZMLA participants turn up for the second training session (project/program management)	Make up trainings were undertaken to address the problem and this helped to capture those who had dropped out. This also allowed the MOH to negotiate inclusion of other managers into the program. The number of trainees has increased from an initial 360 to 476.
Delayed funding to the grantees	The Grants Program needs an accountant.
Delays in contacting vendors to undertake short term technical assistance (STTA) assignments thereby delaying implementation of activities that depend on the finalized documents under these STTA	Delays could be minimized by simplifying the approval process, for example, if Johns Hopkins University/Center for Communication Programs is permitted to have the final authority to carry out the process, delays would be minimized.

5.3 KEY ACHIEVEMENTS

A summary of key achievements are:

- Successfully met the annual mentorship target to conduct 2,400 mentoring sessions for health workers from October 2011 to September 2012. A total of 2,400 health workers were mentored
- Completed and launched the MOH QI guidelines
- Completed and launched MOH clinical mentorship guidelines and the reviewed training package
- Decentralized QI trainings to nine provinces
- Printed and distributed five planning handbooks for MOH-HQ/provincial offices, districts, and statutory boards, hospitals, training institutions, health centers and communities
- Developed and printed nine provincial statistical bulletins for Lusaka, Eastern, Northern, Muchinga, Luapula, North Western, Copperbelt, Central and Western Provinces
- Trained 383 program officers from the provinces and the 27 target districts in DQA
- Trained 186 non-accountant managers and new accountants in government approved financial management procedures
- Developed and used three ZMLA modules, Project Management, Human Resource Management, and Finance and Budgeting, with the first group of trainees
- Launched the Grants Program and built capacity of grantees in grants management and organizational development
- Developed the BCC Framework which will reinforce coordination efforts across and within national programs and help to decentralize BCC planning to district and community levels
- Developed a strategic plan for building capacity among community theater groups and conducted training of 36 master trainers as part of the plan
- Expanded formation of SMAGs in 10 of the 27 target districts with a cumulative total of 1,046 (595 males and 451 females) trained members from 53 of 135 target health facilities.